

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08 1997 8:00am  
Secretary of State

DOCUMENT # F95000000595 (7)

1. Corporation Name  
SIMMONS AIRLINES, INC.



Principal Place of Business  
4333 AMON CARTER BLV., MD 5675  
FORT WORTH TX 76155

Mailing Address  
4333 AMON CARTER BLV., MD 5675  
FORT WORTH TX 76155

3. Date Incorporated or Qualified  
02/03/1995

3a. Date of Last Report  
04/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number  
38-2036404

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME RICHSRDI, RALPH L.  
STREET ADDRESS 4333 AMON CARTER BLV., MD 5675  
CITY-ST-ZIP FORT WORTH TX 76155 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VP  
NAME GORTON, DANIEL M.  
STREET ADDRESS 4333 AMON CARTER BLV., MD 5675  
CITY-ST-ZIP FORT WORTH TX 76155 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPT  
NAME JACKSON, JEFFREY M.  
STREET ADDRESS 4333 AMON CARTER BLV., MD 5675  
CITY-ST-ZIP FORT WORTH TX 76155 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  
NAME MARLETT, CHARLES D  
STREET ADDRESS 4333 AMON CARTER BLV., MD 5675  
CITY-ST-ZIP FORT WORTH TX 76155 ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE C  
NAME CRANDALL, ROBERT L  
STREET ADDRESS 1700 W. 20TH ST.  
CITY-ST-ZIP DFW AIRPORT TX 75261-2527 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME BAKER, ROBERT W  
STREET ADDRESS 1700 W. 20TH ST.  
CITY-ST-ZIP DFW AIRPORT TX 75261-2527 ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0628104

CR2E034 (9/96)