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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F95000000595 (7)

SIMMONS AIRLINES, INC.

## **FILED** May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
4333 AMON CARTER BLV MD 5675 FORT WORTH TX 76155		4333 AMON CARTER BLV MD 5675 FORT WORTH TX 76155			
					DO NOT WRITE IN THIS SPACE
					3, Date Incorporated or Qualified
-	No.	Las Mallino Address			02/03/1995 4. FEI Number Applied For
2. Principal Place of Business		2a. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			38-2036404   Not Applicable   \$8.75 Additional
		h			5. Certificate of Status Desired Fee Regulred
City & State		City & Stale			B. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
C.	T CORPORATION SYSTEM		81	Name	e
1200 <b>S</b> . Pine Island Rd. Plantation Fl 33324			83	Street	et Address (P.O. Box Number is Not Acceptable)
			83	i	
			84	City	FL 85 Zip Code
44 5	A A Continuo (07 0) 02		too the sho	l comad	
office or agent I a	r <b>ogiste</b> red agent, or both, in the State o am <b>fam</b> iliar with, and accept the obligati	and 607, 1308, Fibrida State Florida: Such ch <mark>ango was</mark> ens of, Section 607,0505, F	authorized b Torida Statute	y the corp s.	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					ure required when reinstating) DATE
12.	Signature, typed or poolest narrie of registered agent OLF ICERS AND		13.	ent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELFTE	1.1 THLE		Change Addition
NAME	RICHSRDI, RALPH L.		1,2 NAME		
STREET ADDRESS	4333 AMON CARTER BLV., MD	5675	1.3 STREE	I ADDRESS	
CITY-ST-ZIP	FORT WORTH TX 76155		1.4 CITY-	S1 - ZiP	
TITLE	Ve	☐ DELETE	2 1 THLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	GORTON, DANIEL M.		2.2 NAME		GARTON
STREET ADDRESS	4333 AMON CARTER BLV., MD	5675	2 3 STREE	T ADDRESS	3
CITY-ST-ZIP	FORT WORTH TX 76155		2 4 CITY	ST-7IP	
TITLE	VPT	DELETE	3.1 TITLE		VT ☐ Change ☐ Addition
NAME	JACKSON, JEFFREY M.		3.2 NAME		Jeffrey C. Campbell
STREET ADDRESS	4333 AMON CARTER BLV., MD	5675	33STREE	1 Address	
CITY-ST-ZIP	FORT WORTH TX 76155		3.4. CITY	ST-7IP	Fort Worth, TX 76155
TITLE	8	DELETE	4.1 TITLE		Change Addition
NAME	MARLETT, CHARLES D		4. 2 NAMI		
STREET ADDRESS	4333 AMON CARTER BLV., MD	5675	4.3 STREE	1 ADDRESS	5
CITY-ST-ZIP	FORT WORTH TX 76155		4.4 CITY -	ST-ZIP	
TITLE	C	DELETE	5.1 TITLE		Change Addition
NAME	CRANDALL, ROBERT L		5.2 NAME		
STREET ADDRESS	1700 W. 20TH ST.		5.3 STREE	T ADDRESS	3
CITY-\$1-ZIP	DFW AIRPORT TX 75261-2527		5.4 CITY	SI-ZIP	
TITLE	D	DELETE	61 THILE		Change Addition
NAME	BAKER, ROBERT W		6.2 NAMÉ		
STREET ADDRESS	1700 W. 20TH ST.		63 STREE	T ADDRESS	3
CITY-ST-ZIP	DFW AIRPORT TX 75261-2527		6.4 CITY-	ST - ZIP	had in Continue 440 07/0V/). Florida Clabutas, Lifurdhay partitu that the information

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplicational 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 frustee 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.

Marlatt

1/20/08