

CT CL. 1116N

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000000595

1. Corporation Name

Simmons Airlines, Inc.

Principal Place of Business

Mailing Address

4333 Amon Carter Blvd., MD 5675
Fort Worth, TX 76155

FILED

99 DEC -9 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT SPACE

99

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
1	2b	38-2036404	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
2	27	☐	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3	28	☐	
Zip	Zip	8. This corporation owes the current year intangible Personal Property Tax.	☐ Yes ☐ No
4	29	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation
1200 S. Pine Island Rd.
Plantation, FL 33324

81 Name

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

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1608, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person or persons of registered agent and fee, if applicable

NOTE: Registered Agent must be a resident of Florida.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ DELETE	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition
1. NAME	1.1 TITLE	1.1 TITLE	1.1 TITLE
2. STREET ADDRESS	1.2 NAME	1.2 NAME	1.2 NAME
3. CITY, ST., ZIP	1.3 STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS
4. CITY, ST., ZIP	1.4 CITY, ST., ZIP	1.4 CITY, ST., ZIP	1.4 CITY, ST., ZIP
5. NAME	2.1 TITLE	2.1 TITLE	2.1 TITLE
6. STREET ADDRESS	2.2 NAME	2.2 NAME	2.2 NAME
7. CITY, ST., ZIP	2.3 STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS
8. CITY, ST., ZIP	2.4 CITY, ST., ZIP	2.4 CITY, ST., ZIP	2.4 CITY, ST., ZIP
9. NAME	3.1 TITLE	3.1 TITLE	3.1 TITLE
10. STREET ADDRESS	3.2 NAME	3.2 NAME	3.2 NAME
11. CITY, ST., ZIP	3.3 STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS
12. CITY, ST., ZIP	3.4 CITY, ST., ZIP	3.4 CITY, ST., ZIP	3.4 CITY, ST., ZIP
13. NAME	4.1 TITLE	4.1 TITLE	4.1 TITLE
14. STREET ADDRESS	4.2 NAME	4.2 NAME	4.2 NAME
15. CITY, ST., ZIP	4.3 STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS
16. CITY, ST., ZIP	4.4 CITY, ST., ZIP	4.4 CITY, ST., ZIP	4.4 CITY, ST., ZIP
17. NAME	5.1 TITLE	5.1 TITLE	5.1 TITLE
18. STREET ADDRESS	5.2 NAME	5.2 NAME	5.2 NAME
19. CITY, ST., ZIP	5.3 STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS
20. CITY, ST., ZIP	5.4 CITY, ST., ZIP	5.4 CITY, ST., ZIP	5.4 CITY, ST., ZIP
21. NAME	6.1 TITLE	6.1 TITLE	6.1 TITLE
22. STREET ADDRESS	6.2 NAME	6.2 NAME	6.2 NAME
23. CITY, ST., ZIP	6.3 STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS
24. CITY, ST., ZIP	6.4 CITY, ST., ZIP	6.4 CITY, ST., ZIP	6.4 CITY, ST., ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE: Charles D. Marlett Corporate Secretary

817-967-1254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Filing Fee

KE