FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90435 036 ***150.00

FORPROFITCORPORATION
UNIFORMBUSINESSREPORT(UBR)

DOCUMENT# J07703

1. EntityName

SIMMONS CORPORATION ✓

DO NOT WRITE IN THIS SPACE

DONOTWRITEINTHISSPACE

2. PrincipalPlaceofBusiness		3. MailingAddress	
225 SABINE DRIVE		225 SABINE DRIVE	
Suite,Apt.#,etc.		Suite,Apt.#,etc.	
City&State: PENSACOLA BEACH, FL.		City&State: PENSACOLA BEACH, FL.	
Zip: 32561	Country: USA	Zip: 32561	Country: USA

4. FEINumber 59-2650589 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

DO NOT WRITE IN THIS SPACE

7. **NameandAddressofCurrentRegisteredAgent**

Name: FRED H. SIMMONS, JR.

StreetAddress (P.O.BoxNumberisNotAcceptable): 225 SABINE DRIVE

City: PENSACOLA BEACH FL ZipCode: 32561

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.

SIGNATURE ______________________________

Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

9. Thiscorporationiseligibletosatisfyitsintangible Taxfilingrequirementandelectstodoso. (Seecriteriaonback) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

11. OFFICERSANDDIRECTORS

TITLE	PDS	TITLE	
NAME	SIMMONS FRED H.	NAME	
STREETADDRESS	225 SABINE DR.	STREETADDRESS	
CITY-ST-ZIP	PENSACOLA BEACH, FL. 32561	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREETADDRESS		STREETADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREETADDRESS		STREETADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

13. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector of the corporation or the receiver or trustee empowered to execute this report as required byChapter607,FloridaStatutes; and that my name appears in Block 11oronan attachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: Fred H Simmons - PRES 4-30-02

SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#