

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

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P29970** (1)

1. Corporation Name

SIMMONS & BISHOP CO., INC.

Principal Place of Business

Mailing Address

**13402 NORTH SCOTTSDALE, SUITE A120
SCOTTSDALE AZ 85254**

**13402 NORTH SCOTTSDALE, SUITE A120
SCOTTSDALE AZ 85254-4055**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/28/1990	3a. Date of Last Report 01/25/1996
4. FEI Number 75-2186830		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 DIXON, DENNIS STREET ADDRESS 1403 N 61ST PLACE CITY-ST-ZIP MESA AZ	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME DIXON, DENNIS 1.3 STREET ADDRESS 1631 E. Sugarloaf 1.4 CITY-ST-ZIP Mesa AZ 85215	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME KEMP, KORY STREET ADDRESS 4332 E. SUNRISE DRIVE CITY-ST-ZIP PHOENIX AZ	<input type="checkbox"/> DELETE	2.1 TITLE VPD 2.2 NAME KEMP, KORY 2.3 STREET ADDRESS 4332 E. Sunrise Drive 2.4 CITY-ST-ZIP Phoenix AZ 85044	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CFO NAME GILSON, JEANNIE STREET ADDRESS 34831 N. 3RD STREET CITY-ST-ZIP NEW RIVER AZ	<input type="checkbox"/> DELETE	3.1 TITLE CFOD 3.2 NAME GILSON, JEANNIE 3.3 STREET ADDRESS 34831 N. 3rd Street 3.4 CITY-ST-ZIP New River AZ 85027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	4.1 TITLE SD 4.2 NAME SIMMONS, EVELYN K 4.3 STREET ADDRESS 6619 N. 64th Place 4.4 CITY-ST-ZIP Paradise Valley, AZ 85253	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

1-21-97

1-602-998-5757

CR2E034 (9/96)