

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90110 001 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P29970**

1. Corporation Name  
**SIMMONS & BISHOP CO., INC.**



Principal Place of Business <b>13402 NORTH SCOTTSDALE, SUITE A120 SCOTTSDALE AZ 85254</b>	Mailing Address <b>13402 NORTH SCOTTSDALE, SUITE A120 SCOTTSDALE AZ 85254</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 11333 N Scottsdale Rd</b> Suite, Apt. #, etc. <b>22 Ste 150</b> City & State <b>23 Scottsdale AZ</b> Zip <b>24 85254</b>		2a. Mailing Address <b>26 11333 N Scottsdale Rd</b> Suite, Apt. #, etc. <b>27 Ste 150</b> City & State <b>28 Scottsdale AZ</b> Zip <b>29 85254</b>		3. Date Incorporated or Qualified <b>06/28/1990</b>	
		4. FEI Number <b>75-2186830</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, DENNIS	1.2 NAME	
STREET ADDRESS	1631 E SUGARLOAF	1.3 STREET ADDRESS	
CITY-ST-ZIP	MESA AZ	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, KORY	2.2 NAME	
STREET ADDRESS	3425 E CHANDLER BLVD #230	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX, 85044	2.4 CITY-ST-ZIP	
TITLE	CFOD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILSON, JEANNIE	3.2 NAME	
STREET ADDRESS	34831 N. 3RD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW RIVER AZ	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, EVELYN K	4.2 NAME	
STREET ADDRESS	6619 N 64TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARADISE VALLEY AZ	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VP Hovland, Mark
STREET ADDRESS		5.3 STREET ADDRESS	2932 E Corrine Dr
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Phoenix AZ 85032
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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)(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, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)