

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P34589 (2)**
1. Corporation Name
SIMMONS OUTDOOR CORPORATION



Principal Place of Business Mailing Address
**C/O NOEL GROUP, INC
667 MADISON AVENUE
NEW YORK NY 10021** **2120 KILLEARNEY WAY
TALLAHASSEE FL 32306
US**

2. Principal Place of Business 2a. Mailing Address
21 **C/O BLOUNT, INC** 26
Suite Apt #, etc. Suite, Apt #, etc.
22 **4520 EXECUTIVE PARK DR** 27
City & State City & State
23 **MONTGOMERY, AL** 28
Zip Country Zip Country
24 **36116** 25 **USA** 29

3. Date Incorporated or Qualified **07/08/1991** 3a. Date of Last Report **04/14/1995**
4. FEI Number **65-0272347** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 607.0305, Florida Statutes.

SIGNATURE _____ Signature typed or printed name of registered agent and title in applicable block. (NOTE: Registered Agent's signature required when registering.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGMAN, LARRY W.	1.2 NAME	
STREET ADDRESS	2120 KILLEARNEY WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, N. NICOLL	2.2 NAME	D.J. McINNES
STREET ADDRESS	2120 KILLEARNEY WAY	2.3 STREET ADDRESS	4520 EXECUTIVE PARK DRIVE
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	MONTGOMERY, AL. 36116
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, WILLIAM L.	3.2 NAME	JOHN PANETTIERE
STREET ADDRESS	667 MADISON AVE.	3.3 STREET ADDRESS	4520 EXECUTIVE PARK DRIVE
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	MONTGOMERY, AL. 36116
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUONICONTI, NICHOLAS	4.2 NAME	RICHARD IRVING
STREET ADDRESS	2601 S BAYSHORE DR, #1600	4.3 STREET ADDRESS	4520 EXECUTIVE PARK DRIVE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MONTGOMERY, AL 36116
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, KAREN BRENNER	5.2 NAME	HAROLD LAYMAN
STREET ADDRESS	667 MADISON AVE.	5.3 STREET ADDRESS	4520 EXECUTIVE PARK DRIVE
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	MONTGOMERY, AL. 36116
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, HERBERT M	6.2 NAME	
STREET ADDRESS	460 PARK AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: **DOMINUS** **D. Joseph McInnes** 4/8/96 (334) 244-4080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #

CR2E034 (12/95)