

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: **SIMMONS OUTDOOR CORPORATION, 3520 THOMASVILLE RD. STE 500, TALLAHASSEE FL 32308, US**

Mailing Address: **BLOUNT, INC, 4520 EXECUTIVE PARK DR, MONTGOMERY AL 36116, US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

3. Date Incorporated or Qualified: **07/08/1991**

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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND RD., PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BRIDGMAN, LARRY W. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P Hale, Leonard C. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIDGMAN, LARRY W.	1.2 NAME	4520 Executive Park Drive
STREET ADDRESS	3520 THOMASVILLE RD, STE 500	1.3 STREET ADDRESS	Montgomery, AL 36116
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	D MCINNES, JOSEPH <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNES, JOSEPH	2.2 NAME	
STREET ADDRESS	4520 EXECUTIVE PARK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	2.4 CITY-ST-ZIP	
TITLE	D HIENE, JOHN M PANE <input type="checkbox"/> DELETE	3.1 TITLE	Panettiere, John M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIENE, JOHN M PANE	3.2 NAME	
STREET ADDRESS	4520 EXECUTIVE PARK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	3.4 CITY-ST-ZIP	
TITLE	D IRVING, RICHARD H III <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVING, RICHARD H III	4.2 NAME	
STREET ADDRESS	4520 EXECUTIVE PARK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	4.4 CITY-ST-ZIP	
TITLE	D LAYMAN, HAROLD E <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYMAN, HAROLD E	5.2 NAME	
STREET ADDRESS	4520 EXECUTIVE PARK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	5.4 CITY-ST-ZIP	
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, 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 an attachment with an address.

SIGNATURE:  **O. Joseph McFaries** 4/14/98 (334) 244-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Daytime Phone # 0486138

CR2E034 (10/97)