

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90022 015 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P34589

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 *Simmons Outdoor Corporation*

2a. Mailing Address  
 26

22 *201 Plantation Oak Drive*

27

23 *Thomasville, GA 31711*

28

24 *31792* 25 *US*

29 *US* 30

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

4. FEI Number  
**65-0272347**

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HALE, LEONARD C</b>	
STREET ADDRESS	<b>4520 EXECUTIVE PARK DR</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL 36116</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCINNES, JOSEPH</b>	
STREET ADDRESS	<b>4520 EXECUTIVE PARK DR</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PANETTIERE, JOHN M</b>	
STREET ADDRESS	<b>4520 EXECUTIVE PARK DR</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>IRVING, RICHARD H III</b>	
STREET ADDRESS	<b>4520 EXECUTIVE PARK DR</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAYMAN, HAROLD E</b>	
STREET ADDRESS	<b>4520 EXECUTIVE PARK DR</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Bersett, Gerald W.</b>	
1.3 STREET ADDRESS	<b>15450 South Outer Forty Road, Suite 135</b>	
1.4 CITY-ST-ZIP	<b>Chesterfield, MO 63017</b>	
2.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>CO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>VO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>VO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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]* **SIGNATURE REQUIRED** *D. Joseph McFunes* **4/19/99** **(354) 244-4000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Secretary** Date Daytime Phone #

CR2E034 (11/98)