

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-23-1999 90022 015 ***150.00

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

2. Principal Place of Business

2a. Mailing Address

21 Simmons Outdoor Corporation
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 201 Plantation Oak Drive
City & State

27 City & State

23 Thomasville, GA 31711

28

24 31792 25 US

29 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

TITLE P ☒ DELETE
NAME HALE, LEONARD C
STREET ADDRESS 4520 EXECUTIVE PARK DR
CITY-ST-ZIP MONTGOMERY AL 36116

TITLE D ☐ DELETE
NAME MCINNES, JOSEPH
STREET ADDRESS 4520 EXECUTIVE PARK DR
CITY-ST-ZIP MONTGOMERY AL

TITLE D ☐ DELETE
NAME PANETTIERE, JOHN M
STREET ADDRESS 4520 EXECUTIVE PARK DR
CITY-ST-ZIP MONTGOMERY AL

TITLE D ☐ DELETE
NAME IRVING, RICHARD H III
STREET ADDRESS 4520 EXECUTIVE PARK DR
CITY-ST-ZIP MONTGOMERY AL

TITLE D ☐ DELETE
NAME LAYMAN, HAROLD E
STREET ADDRESS 4520 EXECUTIVE PARK DR
CITY-ST-ZIP MONTGOMERY AL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Barsett, Gerald W.
1.3 STREET ADDRESS 15450 South Outer Forty Road, Suite 135
1.4 CITY-ST-ZIP Chesterfield, MO 63017

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE C O ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE V O ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE V O ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

(354) 244-4000

Daytime Phone #

CR2E034 (11/98)