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 # **P21443** **(7)**

1. Corporation Name

MUSTANG CLAIM SERVICE, INC.

Principal Place of Business	Mailing Address
6801 CALMONT FORT WORTH TX 76111 US	6801 CALMONT FORT WORTH TX 76111 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 10/25/1988	3a. Date of Last Report 02/14/1995
4. FEI Number 75-2249759	☐ 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

CT CORPORATION SYSTEM
1200 S. 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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	XX DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAUMAN, DONALD J.		1.2 NAME		
STREET ADDRESS	6801 CLAMONT		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WORTH TX		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEAREN, GARY S.		2.2 NAME		
STREET ADDRESS	6801 CALMONT		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WORTH TX		2.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	3.1 TITLE	Add Secretary	XX Change ☐ Addition
NAME	GEER, WILLIAM E.		3.2 NAME		
STREET ADDRESS	6801 CALMONT		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WORTH TX		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	Delete Secretary	XX Change ☐ Addition
NAME	ROBINSON, ROBERT P.		4.2 NAME		
STREET ADDRESS	6801 CALMONT		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WORTH TX		4.4 CITY-ST-ZIP		
TITLE	AS	XX DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BENTON, GAYLA		5.2 NAME		
STREET ADDRESS	6801 CALMONT		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WORTH TX		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ALVIN		6.2 NAME		
STREET ADDRESS	6801 CALMONT		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX		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 if changed, or on an attachment with an address.

SIGNATURE: _____ William E. Geer 4/25/96 817) 732-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)