

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:23

DOCUMENT # 804819 (1)

1. Corporation Name

BITUMINOUS CASUALTY CORPORATION

Principal Place of Business

Mailing Address

C/O ROBERT RAINEY
320 18TH STREET
ROCK ISLAND IL 61201

C/O ROBERT RAINEY
320 18TH STREET
ROCK ISLAND IL 61201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/06/1937

3a. Date of Last Report

03/14/1994

4. FEI Number

36-0810360

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORTON INSURANCE OF FL.
2 ELGIN PARKWAY NE
SUITE 33
FT. WALTON BEACH FL 32549

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	LARDNER, PETER
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND IL
TITLE	SV
NAME	CAFFERTY, SAM
STREET ADDRESS	320-18TH ST
CITY-ST-ZIP	ROCK ISLAND, ILL 00000
TITLE	VT
NAME	RAINEY, ROBERT
STREET ADDRESS	320 18TH STREET
CITY-ST-ZIP	ROCK ISLAND IL
TITLE	V
NAME	ATOR, ROBERT G
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND IL
TITLE	V
NAME	SNODGRASS, WILLIAM A
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND IL
TITLE	V
NAME	SUNDQUIST, JAMES W
STREET ADDRESS	320-18TH ST.
CITY-ST-ZIP	ROCK ISLAND IL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	JAMES SANTRY
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ 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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Robert Rainey

Robert Rainey

3-1-95

(309) 786-5401

SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone