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 FEB -8 AM 8:52

DOCUMENT # 856741 (4)

1. Corporation Name

BLACKMON-MOORING-STEAMATIC CATASTROPHE, INC.

Principal Place of Business	Mailing Address
1000 FOREST PARK BLVD PO BOX 11370 FT WORTH TX 76110-1151	1000 FOREST PARK BLVD PO BOX 11370 FT WORTH TX 76110-1151

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualified: 06/10/1983	3a. Date of Last Report: 02/07/1994
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 75-1738902	☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip (24) / Country (25)	Zip (29) / Country (30)	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 reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BLACKMON, KIRK	12 NAME	
STREET ADDRESS	303 ARTHUR STREET	13 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	14 CITY-ST-ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	BLACKMON, GREG	22 NAME	
STREET ADDRESS	303 ARTHUR STREET	23 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BERRY, LINDY	32 NAME	
STREET ADDRESS	1601 109TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	GRAND PRAIRIE TX	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BLACKMON, W. G.	42 NAME	
STREET ADDRESS	1000 FOREST PARK BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	BLACKMON, W. G. III	52 NAME	
STREET ADDRESS	1000 FOREST PARK BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MOORING,S.W.	62 NAME	
STREET ADDRESS	1000 FOREST PARK BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	64 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)(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 added in connection with my election.

SIGNATURE: X W. G. Blackmon, III 1 20 95 817-924-5214
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0480668 FP