

**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 # **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**

3. Date Incorporated or Qualified <b>06/10/1983</b>	3a. Date of Last Report <b>02/08/1995</b>
4. FEI Number <b>75-1738902</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	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 607.0602 and 607.1502, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P BLACKMON, KIRK</b>	2. NAME	
STREET ADDRESS	<b>303 ARTHUR STREET</b>	3. STREET ADDRESS	
CITY, ST, ZIP	<b>FT WORTH TX</b>	4. CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VST BLACKMON, GREG</b>	2.2 NAME	
STREET ADDRESS	<b>303 ARTHUR STREET</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>FT WORTH TX</b>	2.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BERRY, LINDY</b>	3.2 NAME	
STREET ADDRESS	<b>1601 109TH ST.</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>GRAND PRAIRIE TX</b>	3.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACKMON, W. G.</b>	4.2 NAME	
STREET ADDRESS	<b>1000 FOREST PARK BLVD.</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>FT WORTH TX</b>	4.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD BLACKMON, W. G. III</b>	5.2 NAME	
STREET ADDRESS	<b>1000 FOREST PARK BLVD.</b>	5.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ARLINGTON TX</b>	5.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MOORING, S.W.</b>	6.2 NAME	
STREET ADDRESS	<b>1000 FOREST PARK BLVD.</b>	6.3 STREET ADDRESS	
CITY, ST, ZIP	<b>FT WORTH TX</b>	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 as an attachment with an address.

SIGNATURE: X *[Signature]* **W.G. Blackmon, III** 1/23/96 817-926-5214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MON/PHONE

CR2E034 (12/95)