

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 856741 (4)
1. Corporation Name
BLACKMON-MOORING-STEAMATIC CATASTROPHE, INC.



DO NOT WRITE IN THIS SPACE

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

Mailing Address
1000 FOREST PARK BLVD
PO BOX 11370
FT WORTH TX 76110-1151

2. Principal Place of Business

21 303 Arthur St.
Suite, Apt. #, etc.

22 City & State

23 Fort Worth, Tx
Zip Country

24 76107

25

2a. Mailing Address

26 303 Arthur St.
Suite, Apt. #, etc.

27 City & State

28 Fort Worth, Tx
Zip Country

29 76107

30

3. Date Incorporated or Qualified

06/10/1983

4. FEI Number

75-1738902

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BLACKMON, KIRK
303 ARTHUR STREET
FT WORTH TX

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
BLACKMON, GREG
303 ARTHUR STREET
FT WORTH TX

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BERRY, LINDY
1601 109TH ST.
GRAND PRAIRIE TX

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLACKMON, W. G.
1000 FOREST PARK BLVD.
FT WORTH TX

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BLACKMON, W. G. III
1000 FOREST PARK BLVD.
ARLINGTON TX

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORING, S.W.
1000 FOREST PARK BLVD.
FT WORTH TX

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 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.

SIGNATURE

CR2E034 (10/97)