

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

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90117 024 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 856741**

1. Corporation Name  
**BLACKMON-MOORING-STEAMATIC CATASTROPHE, INC.**

Principal Place of Business	Mailing Address
303 ARTHUR ST PO BOX 11370 FT WORTH TX 76107 US	303 ARTHUR ST PO BOX 11370 FT WORTH TX 76107 US



DO NOT WRITE IN THIS SPACE

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	Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified	Applied For
06/10/1983	<input type="checkbox"/> Applied For
4. FEI Number	<input type="checkbox"/> Not Applicable
75-1738902	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLACKMON, KIRK	
STREET ADDRESS	303 ARTHUR STREET	
CITY-ST-ZIP	FT WORTH TX	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BLACKMON, GREG	
STREET ADDRESS	303 ARTHUR STREET	
CITY-ST-ZIP	FT WORTH TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERRY, LINDY	
STREET ADDRESS	1601 109TH ST.	
CITY-ST-ZIP	GRAND PRAIRIE TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKMON, W. G.	
STREET ADDRESS	1000 FOREST PARK BLVD.	
CITY-ST-ZIP	FT WORTH TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLACKMON, W. G. III	
STREET ADDRESS	1000 FOREST PARK BLVD.	
CITY-ST-ZIP	ARLINGTON TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORING, S.W.	
STREET ADDRESS	1000 FOREST PARK BLVD.	
CITY-ST-ZIP	FT WORTH TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* W.G. Blackmon, III 2/15/99 (617) 332-2770

CR2E034 (11/98)