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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # M26751 (1)

1. Corporation Name
MARTIN ENERGY SERVICES COMPANY

[redacted]

Principal Place of Business	Mailing Address
301 MAPLE AVENUE P.O. BOX 1460 PANAMA CITY FL 32402	301 MAPLE AVENUE P.O. BOX 1460 PANAMA CITY FL 32402-1460

3. Date Incorporated or Qualified: 01/31/1986
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business
21: 1001 MCCLOSKY BLVD
22: Suite, Apt. #, etc.
23: City & State: TAMPA, FL
24: Zip: 33605 25: Country:

2a. Mailing Address
26: P.O. Box 191
27: Suite, Apt. #, etc.
28: City & State: KILGORE, TX
29: Zip: 75662 30: Country: GREGG

4. FEI Number: 59-2571115 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

8. Name and Address of Current Registered Agent
MCINTYRE, JAMES E.
301 MAPLE AVENUE
PANAMA CITY FL 32402

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1001 MCCLOSKY BLVD.
83
84 City: TAMPA FL 85 Zip Code: 33605

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] 4-23-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MARTIN, RUBEN S. III 101 E. SABINE KILGORE TX	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHRISTMAS, R. BRUCE 301 MAPLE AVE. PANAMA CITY FL 32402	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAS SKELTON, WESLEY M. 101 E. SABINE KILGORE TX	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MCINTYRE, J. E. 301 MAPLE PANAMA CITY FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 700002521157 -05/13/98--01003--030 ***150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BONDURANT, ROBERT D 101 E. SABINE KILGORE TX 75662	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition JCS/7
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do 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: [signature] 4-23-98 903-983-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #