2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M26751 Feb 24, 2000 8:00 am 1. Entity Name **Secretary of State** MARTIN ENERGY SERVICES COMPANY 02-24-2000 90051 028 ***150.00 Principal Place of Business Mailing Address PO BOX 191 1001 MC CLOSKY BLVD KILGORE TX 75663-0191 TAMPA FL 33605 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2571115 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCINTYRE, JAMES E. Street Address (P.O. Box Number is Not Acceptable) 1001 MC CLOSKY BLVD **TAMPA FL 33605** Zip Code City FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CD TITLE ÇD Addition TITLE ☐ Delete MARTIN, RUBEN S. III NAME NAME MARTIN, RUBEN S. III STREET ADDRESS 101 E. SABINE STREET ADDRESS 4200 STONE RD CITY-ST-ZIP CITY-ST-ZIP KILGORE TX KILGORE, TX 75662 TITLE **XX**Change ☐ Addition ☐ Delete SKELTON, WESLEY M. NAME SKELTON, WESLEY M. 4200 STONE RD STREET ADDRESS STREET ADDRESS 101 E. SABINE CITY-ST-ZIP KILGORE, TX CITY-ST-ZIP **KILGORE TX** 75662 ☐ Change ☐ Addition Delete TITLE TITLE MCINTYRE, J. E. NAME NAME STREET ADDRESS STREET ADDRESS 301 MAPLE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Addition ☐ Delete TITLE **XX**Change TITLE BONDURANT, ROBERT D. NAME BONDURANT, ROBERT D NAME 4200 STONE RD STREET ADDRESS STREET ADDRESS 101 E. SABINE KILGORE, TX 75662 CITY-ST-ZIP CITY-ST-ZIP KILGORE TX 75662 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other tke empowered.

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

CICNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 3, 2000

903-983-6200

Daytime Phone #