

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

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 820161 (8)

1. Corporation Name
KING FISHER MARINE SERVICE, INC.

Principal Place of Business
**STATE HWY 316
5 MILES SOUTH OF PORT LAVACA, TX
PORT LAVACA TX 77979**

Mailing Address
**STATE HWY 316
5 MILES SOUTH OF PORT LAVACA, TX
PORT LAVACA TX 77979**

3. Date Incorporated or Qualified
01/11/1967

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

74-1327835

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE
NAME **LAQUAY, TIMOTHY**
STREET ADDRESS **MCDONALD ROAD**
CITY - ST - ZIP **PORT LAVACA, TX 00000**

TITLE **VPST** ☐ DELETE
NAME **LAQUAY, LINDA F**
STREET ADDRESS **MCDONALD ROAD**
CITY - ST - ZIP **PORT LAVACA, TX 00000**

TITLE **PD** ☐ DELETE
NAME **BOYD, WAYMON**
STREET ADDRESS **2304 LARRY ST**
CITY - ST - ZIP **PORT LAVACA, TX 00000**

TITLE **TD** ☐ DELETE
NAME **BOYD, ANN F**
STREET ADDRESS **2304 LARRY ST**
CITY - ST - ZIP **PORT LAVACA, TX 00000**

TITLE **VD** ☐ DELETE
NAME **HERRING, WARREN**
STREET ADDRESS **2210 LARRY DR**
CITY - ST - ZIP **PORT LAVACA, TX 00000**

TITLE **D** ☐ DELETE
NAME **FISHER, KING**
STREET ADDRESS **SEADRIFT HWY**
CITY - ST - ZIP **PORT LAVACA, TX 00000**

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 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: *Linda F. LaQuay* **LINDA F. LAQUAY** 2-6-97 512-552-6751

CR2E034 (9/96)