

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

FILED  
Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>STATE HWY 316 5 MILES SOUTH OF PORT LAVACA, TX PORT LAVACA TX 77879</b>	Mailing Address <b>STATE HWY 316 5 MILES SOUTH OF PORT LAVACA, TX PORT LAVACA TX 77879</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/11/1967**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAQUAY, TIMOTHY	
STREET ADDRESS	MCDONALD ROAD	
CITY - ST - ZIP	PORT LAVACA, TX 00000	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	LAQUAY, LINDA F	
STREET ADDRESS	MCDONALD ROAD	
CITY - ST - ZIP	PORT LAVACA, TX 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYD, WAYMON	
STREET ADDRESS	2304 LARRY ST	
CITY - ST - ZIP	PORT LAVACA, TX 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOYD, ANN F	
STREET ADDRESS	2304 LARRY ST	
CITY - ST - ZIP	PORT LAVACA, TX 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HERRING, WARREN	
STREET ADDRESS	2210 LARRY DR	
CITY - ST - ZIP	PORT LAVACA, TX 00000	
TITLE	D	<input type="checkbox"/> 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	<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.

CR2E034 (10/97)