

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 820161

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

2. Principal Place of Business

21 159 HIGHWAY 316

Suite, Apt. #, etc.

City & State

23 PORT LAVACA, TX 77979

Zip Country

24

25

2a. Mailing Address

26 P O BOX 108

Suite, Apt. #, etc.

City & State

28 PORT LAVACA, TX 77979-0108

Zip Country

29

30

9. Name and Address of Current Registered Agent

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

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

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

☐ DELETE

TITLE VP  
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

EXEC. VICE PRESIDENT

☒ Change

☐ Addition

1.2 NAME

LAQUAY, TIMOTHY

1.3 STREET ADDRESS

MCDONALD ROAD  
PORT LAVACA, TX 77979

1.4 CITY-ST-ZIP

2.1 TITLE

VICE PRESIDENT

☒ Change

☐ Addition

2.2 NAME

LAQUAY, LINDA F.

2.3 STREET ADDRESS

MCDONALD ROAD  
PORT LAVACA, TX 77979

2.4 CITY-ST-ZIP

3.1 TITLE

PRESIDENT

☒ Change

☐ Addition

3.2 NAME

BOYD, WAYMON

3.3 STREET ADDRESS

2304 LARRY DRIVE

3.4 CITY-ST-ZIP

PORT LAVACA, TX 77979-4510

4.1 TITLE

VICE PRESIDENT

☒ Change

☐ Addition

4.2 NAME

BOYD, ANN F.

4.3 STREET ADDRESS

2304 LARRY DRIVE

4.4 CITY-ST-ZIP

PORT LAVACA, TX 77979-4510

5.1 TITLE

VICE PRESIDENT

☒ Change

☐ Addition

5.2 NAME

HERRING, WARREN

5.3 STREET ADDRESS

2210 LARRY DRIVE

5.4 CITY-ST-ZIP

PORT LAVACA, TX 77979

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KING FISHER MARINE SERVICE-PRESIDENT

1/14/99

Date

512 552-6751 235

Daytime Phone #

CR2E034 (1/98)

UP04032