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FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000005416 (1)

1. Corporation Name
GULFMARK ENERGY, INC.

Principal Place of Business

6910 FANNIN STREET 5 Post Oak Park
HOUSTON TX 77030 Suite 2700
77027

Mailing Address

6910 FANNIN STREET PO BOX 844
HOUSTON TX 77030-8806
77001



2. Principal Place of Business

21 5 Post Oak Park

Suite, Apt. #, etc.

22 Suite 2700

City & State

23 HOUSTON, TX

24 77027

Country

2a. Mailing Address

26 P.O. BOX 844

Suite, Apt. #, etc.

27

City & State

28 HOUSTON, TX

Zip

29 77001

Country

3. Date Incorporated or Qualified

11/03/1995

3a. Date of Last Report

03/08/1996

4. FEI Number

76-0365928

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

C T CORPORATION SYSTEM
1200 SOUTH 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ABSHIRE, RICHARD B	
STREET ADDRESS	6910 FANNIN STREET	
CITY-ST-ZIP	HOUSTON TX	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HURST, DAVID B	
STREET ADDRESS	6910 FANNIN STREET	
CITY-ST-ZIP	HOUSTON TX	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LUPTON, BRENT	
STREET ADDRESS	6910 FANNIN STREET	
CITY-ST-ZIP	HOUSTON TX	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	COPELAND, SHARON	
STREET ADDRESS	6910 FANNIN STREET	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCMAHON, JOHN T	
STREET ADDRESS	6910 FANNIN STREET	
CITY-ST-ZIP	HOUSTON TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, GEORGE	
STREET ADDRESS	6910 FANNIN STREET	
CITY-ST-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5 Post Oak Park #2700
1.4 CITY-ST-ZIP	HOUSTON, TX 77027
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5 Post Oak Park #2700
2.4 CITY-ST-ZIP	HOUSTON, TX 77027
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5 Post Oak Park #2700
3.4 CITY-ST-ZIP	HOUSTON, TX 77027
4.1 TITLE	<input checked="" 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 checked="" 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard B. Abshire 713-201-3602
TREASURER 11/1/96

CR2E034 (9/96)