


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

FILED  
May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M17399** (0)  
1. Corporation Name  
**MARTIN GAS CORPORATION**



Principal Place of Business <b>101 E SABINE P O BOX 191 KILGORE TX 75662</b>	Mailing Address <b>101 E SABINE P O BOX 191 KILGORE TX 75662-5849</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/27/1985</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>75-2043653</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCINTYRE, JAMES E.  
301 MAPLE AVENUE  
PANAMA CITY FL 32402**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1001 MCCLOSKEY BLVD**  
83  
84 City **TAMPA** **FL** 85 Zip Code **33605**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	12.1 NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DV MARTIN, R.S., JR.</b>	1.2 NAME	
STREET ADDRESS	<b>101 E. SABINE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KILGORE TX</b>	1.4 CITY - ST - ZIP	
TITLE	12.2 NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DS MARTIN, MARGARET</b>	2.2 NAME	
STREET ADDRESS	<b>101 E. SABINE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KILGORE TX</b>	2.4 CITY - ST - ZIP	
TITLE	12.3 NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD MARTIN, RUBEN S., III</b>	3.2 NAME	
STREET ADDRESS	<b>101 E. SABINE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KILGORE TX</b>	3.4 CITY - ST - ZIP	
TITLE	12.4 NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAS BONDURANT, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>101 E. SABINE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KILGORE TX</b>	4.4 CITY - ST - ZIP	
TITLE	12.5 NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DV NEUMEYER, DONALD R.</b>	5.2 NAME	
STREET ADDRESS	<b>101 E. SABINE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KILGORE TX</b>	5.4 CITY - ST - ZIP	
TITLE	12.6 NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD SKELTON, WESLEY M.</b>	6.2 NAME	
STREET ADDRESS	<b>101 E. SABINE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>KILGORE TX</b>	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:  **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

903-983-6200

Date

Daytime Phone #

0501037

CR2E034 (9/96)

**Martin Gas Corporation      75-2043653**  
**Attachment to Corporation Annual Report**  
**1997.**

**13.    CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>7.1</b>	<b>TITLE</b>	<b>D</b>
<b>7.2</b>	<b>NAME</b>	<b>MARTIN, SCOTT D.</b>
<b>7.3</b>	<b>ADDRESS</b>	<b>101 E. SABINE STREET</b>
<b>7.4</b>	<b>CITY-ST-ZIP</b>	<b>KILGORE, TX 75662</b>