

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PRCFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M26751 (1)

1. Corporation Name
MARTIN ENERGY SERVICES COMPANY



Principal Place of Business	Mailing Address
301 MAPLE AVENUE P.O. BOX 1460 PANAMA CITY FL 32402	301 MAPLE AVENUE P.O. BOX 1460 PANAMA CITY FL 32402

3. Date Incorporated or Qualified 01/31/1986	3a. Date of Last Report 04/26/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2571115	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
22	27			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28			
Zip	Country	29	30	6. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
24	25			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCINTYRE, JAMES E.
301 MAPLE AVENUE
PANAMA CITY FL 32402**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, RUBEN S. III	1.2 NAME	
STREET ADDRESS	101 E. SABINE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KILGORE TX	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTMAS, R. BRUCE	2.2 NAME	
STREET ADDRESS	301 MAPLE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32402	2.4 CITY-ST-ZIP	
TITLE	DAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELTON, WESLEY M.	3.2 NAME	
STREET ADDRESS	101 E. SABINE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KILGORE TX	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, J. E.	4.2 NAME	
STREET ADDRESS	301 MAPLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PATI	5.2 NAME	
STREET ADDRESS	901 MAPLE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32402	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONDURANT, ROBERT D	6.2 NAME	
STREET ADDRESS	101 E. SABINE	6.3 STREET ADDRESS	
CITY-ST-ZIP	KILGORE TX 75862	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 _____
Date: **4/18/96** Daytime Phone #: **(904) 272-6100**

CR2E034 (12/95)