

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

FILED
Jun 17 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # M26751 (1)
 1. Corporation Name
MARTIN ENERGY SERVICES COMPANY



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|---|--|
| Principal Place of Business 301 MAPLE AVENUE P.O. BOX 1460 PANAMA CITY FL 32402 | Mailing Address 301 MAPLE AVENUE P.O. BOX 1460 PANAMA CITY FL 32402-1460 |
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|--|---|--|--|
| 2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 | 3. Date Incorporated or Qualified 01/31/1986 | 3a. Date of Last Report 04/26/1996 |
|--|---|--|--|

| | |
|--|--|
| 4. FEI Number 59-2571115 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input 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)
 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 | T <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BONDURANT, ROBERT D | 5.2 NAME | |
| STREET ADDRESS | 101 E. SABINE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | KILGORE TX 75662 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 of this report, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* DATE: **6/3/97** *[Handwritten Initials]*

CR2E034 (9/96)