

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 **(8)**

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 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 301 MAPLE AVENUE
P.O. BOX 1460 P.O. BOX 1460
PANAMA CITY FL 32402 PANAMA CITY FL 32402-1460

2. Principal Place of Business 2a. Mailing Address
21 1001 MCCLOSKEY BLVD 26 P.O. Box 191
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 TAMPA, FL 27 KILGORE, TX
 City & State City & State
23 33605 25 Country 28 75662 30 GREGG
 Zip Country Zip Country

3. Date Incorporated or Qualified **01/31/1986** 3a. Date of Last Report **04/26/1996**
 4. FEI Number **59-2571115** 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
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

8. 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 607.1503, 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 607.0503, Florida Statutes.
 SIGNATURE *[Signature]* DATE **4-23-98**

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 checked="" 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	700002521157
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	-05/13/98--01003--030
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	05/150.00
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 if changed, or on an attachment with an address.
 SIGNATURE: *[Signature]* DATE: **4-23-98** **903-983-6200**