

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90051 028 ***150.00

DOCUMENT # M26751

1. Entity Name

MARTIN ENERGY SERVICES COMPANY

Principal Place of Business

Mailing Address

**1001 MC CLOSKY BLVD
 TAMPA FL 33605**

**PO BOX 191
 KILGORE TX 75663-0191**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2571115

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCINTYRE, JAMES E.
 1001 MC CLOSKY BLVD
 TAMPA FL 33605**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD <input type="checkbox"/> Delete MARTIN, RUBEN S. III 101 E. SABINE KILGORE TX	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARTIN, RUBEN S. III 4200 STONE RD KILGORE, TX 75662
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS <input type="checkbox"/> Delete SKELTON, WESLEY M. 101 E. SABINE KILGORE TX	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SKELTON, WESLEY M. 4200 STONE RD KILGORE, TX 75662
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> Delete MCINTYRE, J. E. 301 MAPLE PANAMA CITY FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete BONDURANT, ROBERT D 101 E. SABINE KILGORE TX 75662	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BONDURANT, ROBERT D. 4200 STONE RD KILGORE, TX 75662
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 3, 2000 903-983-6200

Date

Daytime Phone #

CR2E034 (9/99)