

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

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F93000004460 (2)
 1. Corporation Name
CONBULK STEVEDORING & TERMINAL SERVICES, INC.



Principal Place of Business: **P.O. BOX 2253 SAVANNAH GA 31402**
 Mailing Address: **P.O. BOX 2253 SAVANNAH GA 31402-2253**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1993	3a. Date of Last Report 04/24/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-2063230	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
BURCH, KEN 1921 HECKSCHER DRIVE JACKSONVILLE FL 32226				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	C	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PEEPLES, FRANK K			1.2 NAME			
STREET ADDRESS	6001 CHATHAM CENTER DRIVE, SUITE 350			1.3 STREET ADDRESS			
CITY-ST-ZIP	SAVANNAH GA			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MAYFIELD, E. GAY			2.2 NAME			
STREET ADDRESS	6001 CHATHAM CENTER DRIVE, SUITE 350			2.3 STREET ADDRESS			
CITY-ST-ZIP	SAVANNAH GA			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STROUSE, DEBRA M			3.2 NAME			
STREET ADDRESS	6001 CHATHAM CENTER DRIVE, SUITE 350			3.3 STREET ADDRESS			
CITY-ST-ZIP	SAVANNAH GA 31405			3.4 CITY-ST-ZIP			
TITLE	VI	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BENTON, JOHN R JR			4.2 NAME			
STREET ADDRESS	6001 CHATHAM CENTER DRIVE, SUITE 350			4.3 STREET ADDRESS			
CITY-ST-ZIP	SAVANNAH GA 31405			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 (if changed), or on an attachment with an address.

SIGNATURE *[Signature]* **Debra M. Strouse** 6/4/97 (912) 236-1265

CR2E034 (9/96)