

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90233 027 ***150.00

0520103

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000004460

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

DO NOT WRITE IN THIS SPACE

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 30

3. Date Incorporated or Qualified
09/27/1993

4. FEI Number
58-2063230

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
BURCH, KEN
5051 PROPELLER DRIVE
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent
 81 Name **ROBERT SCHULER**
 82 Street Address (P.O. Box Number is Not Acceptable)
5051 Propeller Dr.
 83
 84 City **Jacksonville** FL 85 Zip Code **32226**

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 *[Signature]* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	PEEPLES, FRANK K	
STREET ADDRESS	6001 CHATHAM CENTER DRIVE, SUITE 350	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAYFIELD, E. GAY	
STREET ADDRESS	6001 CHATHAM CENTER DRIVE, SUITE 350	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STROUSE, DEBRA M	
STREET ADDRESS	6001 CHATHAM CENTER DRIVE, SUITE 350	
CITY-ST-ZIP	SAVANNAH GA 31405	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BENTON, JOHN R JR	
STREET ADDRESS	6001 CHATHAM CENTER DRIVE, SUITE 350	
CITY-ST-ZIP	SAVANNAH GA 31405	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE *[Signature]* DATE **4/13/99** (9.2) 239-1330
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (1/98)