


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90736 027 ***150.00

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1. Entity Name
CONBULK STEVEDORING & TERMINAL SERVICES, INC.



Principal Place of Business Mailing Address
ONE HARBOR STREET **P.O. BOX 2253**
SAVANNAH, GA 31401 **SAVANNAH, GA 31402**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04012004 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number
58-2063230

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHULER, ROBERT
2085 TALLEYRAND AVENUE
JACKSONVILLE, FL 32206

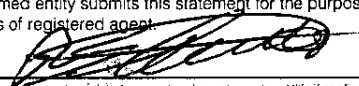
7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/15/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	PEEPLER, FRANK K	
STREET ADDRESS	ONE HARBOR STREET	
CITY-ST-ZIP	SAVANNAH, GA 31401	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAYFIELD, E. GAY	
STREET ADDRESS	ONE HARBOR STREET	
CITY-ST-ZIP	SAVANNAH, GA 31401	
TITLE	S	<input type="checkbox"/> Delete
NAME	COX, ANN P	
STREET ADDRESS	ONE HARBOR STREET	
CITY-ST-ZIP	SAVANNAH, GA 31401	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BENTON, JOHN R JR	
STREET ADDRESS	ONE HARBOR STREET	
CITY-ST-ZIP	SAVANNAH, GA 31401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank K. Peeples, Jr.	
STREET ADDRESS	One Harbor St., Savannah, GA 31401	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V. P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daryn P. Beringer	
STREET ADDRESS	One Harbor St., Savannah, GA 31401	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann P. Cox, Secretary Date: 4/1/04 Daytime Phone #: 912-236-1865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann P. Cox