


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

FILED

Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/27/1993	
4. FEI Number 58-2063230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent BURCH, KEN 1921 HECKSCHER DRIVE JACKSONVILLE FL 32226	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	5051 Propeller Dr.
83	
84 City	Jacksonville FL
85 Zip Code	32206

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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.

SIGNATURE: *Debra M. Strouse* **Debra M. Strouse** 3/17/98 (912) 236-1865

CR2E034 (10/97)