


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90736 027 ***150.00

DOCUMENT # F93000004460	
1. Entity Name CONBULK STEVEDORING & TERMINAL SERVICES, INC.	

Principal Place of Business ONE HARBOR STREET SAVANNAH, GA 31401	Mailing Address P.O. BOX 2253 SAVANNAH, GA 31402
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



04012004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SCHULER, ROBERT 2085 TALLEYRAND AVENUE JACKSONVILLE, FL 32206	
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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)

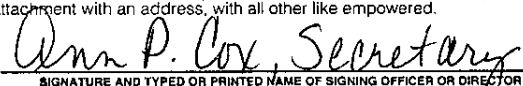
DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	PEEPLES, FRANK K
STREET ADDRESS	ONE HARBOR STREET
CITY-ST-ZIP	SAVANNAH, GA 31401
TITLE	<input type="checkbox"/> Delete
NAME	MAYFIELD, E. GAY
STREET ADDRESS	ONE HARBOR STREET
CITY-ST-ZIP	SAVANNAH, GA 31401
TITLE	<input type="checkbox"/> Delete
NAME	COX, ANN P
STREET ADDRESS	ONE HARBOR STREET
CITY-ST-ZIP	SAVANNAH, GA 31401
TITLE	<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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEO
STREET ADDRESS	Frank K. Peeples, Jr.
CITY-ST-ZIP	One Harbor St., Savannah, GA 31401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V. P.
STREET ADDRESS	Daryn P. Beringer
CITY-ST-ZIP	One Harbor St., Savannah, GA 31401
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:  DATE **4/1/04** DAYTIME PHONE # **912-236-1865**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann P. Cox