

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90210 046 \*\*\*150.00

|                                                               |                                                                                   |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P95000013029</b>                                |  |
| 1. Entity Name<br><b>SEABULK OFFSHORE INTERNATIONAL, INC.</b> |                                                                                   |

|                                                                                                                |                                                                                                    |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>2200 ELLER DRIVE<br/>BLDG. 27, LEGAL DEPT.<br/>FORT LAUDERDALE, FL 33316</b> | Mailing Address<br><b>2200 ELLER DRIVE<br/>BLDG. 27, LEGAL DEPT.<br/>FORT LAUDERDALE, FL 33316</b> |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

**94073455**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

04192004 Chg-P CR2E034 (10/03)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0608734</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                                              |  |
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| 6. Name and Address of Current Registered Agent<br><br><b>TWAITS, ALAN R<br/>2200 ELLER DRIVE<br/>BLDG. 27<br/>FORT LAUDERDALE, FL 33316</b> |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| <b>FL</b>                                          | Zip Code |

|                                                                                                                                                                                                                               |  |
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| 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. |  |
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|                 |                                                              |            |
|-----------------|--------------------------------------------------------------|------------|
| SIGNATURE _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--------------------------------------------------------------|------------|

|                                                                               |                                                                                                                        |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |                                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                                      |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CPD<br>KURZ, GERHARD E<br>2200 ELLER DRIVE, BLDG. 27<br>FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SVPTD<br>deSOSTOA, VINCENT J.<br>2200 Eller Drive, Bldg. 27<br>Ft. Lauderdale, FL 33316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>KURZ, GERHARD E<br>2200 ELLER DRIVE, BLDG. 27<br>FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVPD<br>TWAITS, ALAN R<br>2200 ELLER DRIVE, BLDG. 27<br>FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVP<br>FRANCOIS, LARRY D<br>2200 ELLER DR<br>FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>FINCH, STEPHEN B<br>2200 ELLER DRIVE, BLDG. 27<br>FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>FINCH, STEPHEN B<br>2200 ELLER DR BLDG. 27<br>FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |

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| 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. |  |
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|--------------------------------------------------------------------|-------------------------------------------|----------------|---------------------|
| <b>SIGNATURE:</b> <u>SB Finch</u>                                  | <b>Stephen B. Finch</b><br>Vice President | <b>4/19/04</b> | <b>954-523-2200</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |                                           | Date           | Daytime Phone #     |