

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90366 001 ***150.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # 642938 1. Entity Name FLORIDA ROCK PROPERTIES, INC. | | | | | |
| Principal Place of Business 1801 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 | | | Mailing Address C/O DENNIS D FRICK PO BOX 4667 JACKSONVILLE, FL 32206-4667 US | | |
| 2. Principal Place of Business | | 3. Mailing Address 1801 Art Museum Drive | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 300 | | | |
| City & State | | City & State Jacksonville, FL | | 4. FEI Number 59-2478244 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 32207-2580 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FRICK, DENNIS D 155 E 21ST ST JACKSONVILLE, FL 32206 | | | 7. Name and Address of New Registered Agent Name Ray M. Van Landingham Street Address (P.O. Box Number is Not Acceptable) 1801 Art Museum Drive Suite 300 City Jacksonville, FL Zip Code 32207 | | |
| 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 | | Ray M. Van Landingham VP & Secretary 4/14/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC <input type="checkbox"/> Delete ANDERSON, JOHN E 1801 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Delete DEVILLIERS, DAVID H JR. 34 LOVETON CIRCLE 100 SPARKS, MD | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS <input checked="" type="checkbox"/> Delete FRICK, DENNIS D 155 E 21ST ST JACKSONVILLE, FL 00000. | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCFO <input type="checkbox"/> Delete RAYBURN, G. THOMAS 34 LOVETON CIRCLE, SUITE 100 SPARKS, MD | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input type="checkbox"/> Delete VAN LANDINGHAM, RAY M 1801 ART MUSEUM DR. JACKSONVILLE, FL 32207 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: | | Ray M. Van Landingham 4/14/05 904-396-5733 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |