2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State
02-15-2002 90007 028 ***150.00

DOCUMENT # L95423

1. Entity Name
FLORIDA ROCK & TANK LINES, INC.

Principal Place of Business	Mailing Address
1801 ANT MUSEUM DR PO BOX 45243 JACKSONVILLE FL 32207	C/O DENNIS D FRICK PO BOX 4667 JACKSONVILLE FL 32201 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1801 Art Museum Drive	
Suite, Apt. #, etc. P.O. Box 45243	Suite, Apt. #, etc.
City & State Jacksonville, FL 32207	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3024457 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRICK, DENNIS D 155 EAST 21ST STREET JACKSONVILLE FL 32206	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, JOHN E 1801 ART MUSEUM DR JACKSONVILLE FL 32207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Wallace A. Patzke, Jr. 155 E. 21st St. Jacksonville, FL 32206 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPDT VAN LANDINGHAM, RAY M 1801 ART MUSEUM DRIVE JACKSONVILLE FL 32207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FRICK, DENNIS D 155 EAST 21ST STREET JACKSONVILLE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MABBETT, JOHN R III 1801 ART MUSEUM DR JACKSONVILLE FL 32207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SANDLIN, ROBERT E. 1801 ART MUSEUM DR JACKSONVILLE FL 32207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MABBETT, HENRY R 1801 ART MUSEUM DRIVE JACKSONVILLE FL 32207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Dennis D. Frick 1/30/02 904-355-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #