2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90317 031 ***150.00

DOCUMENT # L95423

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

C00039420

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

03232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1801 Art Museum Drive	1801 Art Museum Drive
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32207 Country: USA	Zip: 32207-2580 Country: USA

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: 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 Secretary 4/14/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D ANDERSON, JOHN 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	VPDT VAN LANDINGHAM, RAY M 1801 ART MUSEUM DRIVE JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T/S	☒ 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	DC 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	CEOP 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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #