FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 144218
1. Corporation Name FLORIDA ROCK INDUSTRIES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90072 039 ***150.00



					[1980] [180] [180] [180] [180] [180] [180] [180] [180] [180] [180] [180] [180] [180] [180]	
Principal Place	e of Business	Mailing Address				
155 E. 21 ST. C/O DENNIS D FRICK						
% RUGGLES B. CARLSON		PO BOX 4667			DO NOT WRITE IN THIS SPACE	
JACKSONVILLE FL 32206		JACKSONVILLE FL 32201-4667			DO NOT WRITE IN THIS SPACE	
		US			3. Date Incorporated or Qualifed	
		1			06/13/1945	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-0573002 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27			Fee Required	
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	_ Country	y	8. This corporation owes the current year Intangible	
24	25	29 3	0		Personal Property Tax.	
	9. Name and Address of Current	Registered Agent		.1	10. Name and Address of New Registered Agent	
EDIO	OF DENING D		81	Name	ne ·	
	K, DENNIS D		82	Street	et Address (P.O. Box Number is Not Acceptable)	
	E 21ST ST					
JACI	KSONVILLE FL 32206		83	3		
					lool 7% Onde	
			84	City	FL 85 Zip Code	
11 Durewent	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	e-named	ed corporation submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the State o	f Florida. Such change was aut	horized by	the corpo	orporation's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes	\$.		
SIGNATURE					ure required when reinstating) DATE	
****	Signature, typed or printed name of registered agent OFFICERS AND		13.	ını sıgnature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	VP OFFICERS AND	DELETE	1.1 TITLE		Change Addition	
TITLE	••					
NAME	JAMES JEFFREY GILSTRAP		1.2 NAME			
STREET ADDRESS	155 EAST 21ST STREET			TADDRESS	SS	
CITY-ST-ZIP	JACKSONVILLE FL 32206		1.4 CITY-S	ST-ZIP	☐ Change ☐ Addition	
TITLE	D -	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	FICHTHORN, LUKE E.		2.2 NAME			
STREET ADDRESS	516 HOLLOW TREE RIDGE RD	•	2.3 STREE	TADDRESS	SS	
CITY-ST-ZIP	DARIEN CT		2. 4 CITY-	ST-ZIP		
TITLE	DPCE	☐ DELETE	3.1 TITLE		Change Addition	
NAME	BAKER, JOHN D III		3.2 NAME			
STREET ADDRESS	155 E. 21 ST.		3.3 STREE	TADDRESS	ss	
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-	ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	FRICK, DENNIS D		4, 2 NAME	:		
	155 E. 21ST STREET			T ADDRESS	22	
STREET ADDRESS						
C!TY-ST-ZIP	JACKSONVILLE FL	☐ DELETE	4.4 CITY-5	31-4P	☐ Change ☐ Addition	
TTTLE	DC	☐ hëreje	5.1 TITLE 5.2 NAME			
NAME	BAKER, EDWARD L					
STREET ADDRESS	155 E 21ST ST			T ADDRESS	555	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-5	ST-ZIP		
TITLE .	EVP	☐ DELETE	6.1 TITLE		Change Addition	
NAME	HORNER H B		6.2 NAME			
STREET ADDRESS	155 E 21ST ST		6.3 STREE	T ADDRESS	ss	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CMY-5	ST-ZIP		

CITY-ST-ZIP JACKSONVILLE FL 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4

■ 40%