

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 23 1997 8:00 am
Secretary of State

DOCUMENT # 144218 (5)
1. Corporation Name
FLORIDA ROCK INDUSTRIES, INC.



Principal Place of Business
**155 E. 21 ST.
% RUGGLES B. CARLSON
JACKSONVILLE FL 32206**

Mailing Address
**155 E. 21 ST.
% RUGGLES B. CARLSON
JACKSONVILLE FL 32206-2104**

3. Date incorporated or Qualified **06/13/1945** 3a. Date of Last Report **02/15/1996**

4. FEI Number **59-0573002** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21. Subc. Apt. #, etc.
22. City & State
23. Zip Country
24. 25.

2a. Mailing Address
26. c/o Dennis D. Frick
27. Suite, Apt. #, etc.
28. P. O. Box 4667
29. City & State
30. Jacksonville, FL
29. 32201-4667 30.

9. Name and Address of Current Registered Agent
**CARLSON, RUGGLES B.
155 EAST 21 ST.
10
JACKSONVILLE FL 32206**

10. Name and Address of New Registered Agent
81. Name **Dennis D. Frick**
82. Street Address (P.O. Box Number is Not Acceptable) **155 East 21st Street**
83.
84. City **Jacksonville, FL** 85. Zip Code **32206**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am neither an individual nor a corporation. I am a resident of the State of Florida.
Dennis D. Frick, Secretary
1-16-97
SIGNATURE *Dennis D. Frick* DATE

12. OFFICERS AND DIRECTORS

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	CARLSON, RUGGLES B	
STREET ADDRESS	155 E 21 ST	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FICHTHORN, LUKE E.	
STREET ADDRESS	516 HOLLOW TREE RIDGE RD	
CITY- ST- ZIP	DARIEN CT	
TITLE	DPCE	<input type="checkbox"/> DELETE
NAME	BAKER, JOHN D III	
STREET ADDRESS	155 E. 21 ST.	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FRICK, DENNIS D	
STREET ADDRESS	155 E. 21ST STREET	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BAKER, EDWARD L	
STREET ADDRESS	155 E 21ST ST	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	Exec. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	H. B. Hornar	
6.3 STREET ADDRESS	155 East 21st Street	
6.4 CITY- ST- ZIP	Jacksonville, FL 32206	

14. I do 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 amendment with an address.

SIGNATURE: *Dennis D. Frick* **Dennis D. Frick** 1-16-97 (904) 355-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)