

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 C/O DENNIS D FRICK PO BOX 4667 JACKSONVILLE FL 32201-4667 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/13/1945

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number 59-0573002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FRICK, DENNIS D
 155 E 21ST ST
 JO
 JACKSONVILLE FL 32206**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature of Officer or Director is Not Acceptable)

12. OFFICERS AND DIRECTORS

TITLE	VPT	<input checked="" 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	518 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	EVP	<input type="checkbox"/> DELETE	NAME	HORNER H B	STREET ADDRESS	155 E 21ST ST	CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP, CFO, Treasurer, Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME	James Jeffrey Gilstrap	1.3 STREET ADDRESS	155 East 21st Street	1.4 CITY - ST - ZIP	Jacksonville, FL 32206
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	

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.

Dennis D. Frick, Secretary 1-9-98 (904) 355-1781

CR2E034 (10/97)