


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 # 642938 (5)

1. Corporation Name
FLORIDA ROCK PROPERTIES, INC.



Principal Place of Business 155 E 21ST ST (32206) POB 4667 JACKSONVILLE FL 32201-1667	Mailing Address C/O DENNIS D FRICK PO BOX 4667 JACKSONVILLE FL 32206-4667 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/25/1979	4. FEI Number 59-2478244	Applied For <input type="checkbox"/> 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	7. 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
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			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 _____ (NOTE: Registered Agent's signature required when applicable) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ANDERSON, JOHN E.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	155 E 21ST ST	1.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV DEVILLIERS, DAVID H JR.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	34 LOVETON CIRCLE #100	2.2 NAME	
STREET ADDRESS	SPARKS MD	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS FRICK, DENNIS D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	155 E 21ST ST	3.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP CARLSON, RUGGLES B.	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	155 E 21ST STREET	4.2 NAME	James Jeffrey Gilstrap
STREET ADDRESS	JACKSONVILLE FL	4.3 STREET ADDRESS	155 East 21st Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32206
TITLE	AST RAYBURN, G THOMAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	34 LOVETON CIRCLE, SUITE 100	5.2 NAME	
STREET ADDRESS	SPARKS MD	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ Dennis D. Frick, Secretary 01-09-98 (904) 355-1781

CR2E034 (10/97)