

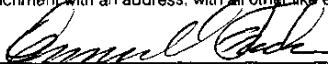


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90004 010 ***150.00

DOCUMENT # 642938					
1. Entity Name FLORIDA ROCK PROPERTIES, INC.					
Principal Place of Business 1801 ART MUSEUM DRIVE JACKSONVILLE, FL 32207			Mailing Address C/O DENNIS D FRICK PO BOX 4667 JACKSONVILLE, FL 32206-4667 US		
2. Principal Place of Business		3. Mailing Address		 01162004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2478244	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required:	
FRICK, DENNIS D 155 E 21ST ST JACKSONVILLE, FL 32206				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JOHN E		NAME		
STREET ADDRESS	1801 ART MUSEUM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVILLIERS, DAVID H JR.		NAME		
STREET ADDRESS	34 LOVETON CIRCLE 100		STREET ADDRESS		
CITY-ST-ZIP	SPARKS, MD		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICK, DENNIS D		NAME		
STREET ADDRESS	155 E 21ST ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000,		CITY-ST-ZIP		
TITLE	AST	<input checked="" type="checkbox"/> Delete	TITLE	VP, CFO, AS, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYBURN, G THOMAS		NAME	Rayburn, G. Thomas	
STREET ADDRESS	34 LOVETON CIRCLE, SUITE 100		STREET ADDRESS	34 Loveton Circle, Suite 100	
CITY-ST-ZIP	SPARKS, MD		CITY-ST-ZIP	Sparks, MD	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN LANDINGHAM, RAY M		NAME		
STREET ADDRESS	1801 ART MUSEUM DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  DENNIS D. FRICK			Date: 1/22/04		Daytime Phone #: 904-355-1781
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>