

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 760856 (5)
1. Corporation Name
FLORIDA ROCK INDUSTRIES FOUNDATION, INC.



Principal Place of Business Mailing Address
C/O RUGGLES B. CARLSON
155 E 21ST ST
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified **11/30/1981** 3a. Date of Last Report **03/15/1995**
4. FEI Number **59-2142226** 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 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CARLSON, RUGGLES B.
155 E 21 ST 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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title, if applicable (NOTE - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOEBaum, DONALD L	1 2 NAME	
STREET ADDRESS	155 E 21ST STREET	1 3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1 4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, JOHN D II	2 2 NAME	
STREET ADDRESS	155 E 21ST STREET	2 3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2 4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, EDWARD L	3 2 NAME	
STREET ADDRESS	155 E 21ST STREET	3 3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3 4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, ROBERT S	4 2 NAME	
STREET ADDRESS	155 E 21ST STREET	4 3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4 4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, H. B.	5 2 NAME	
STREET ADDRESS	155 E. 21ST STREET	5 3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6 2 NAME	Treasurer
STREET ADDRESS		6 3 STREET ADDRESS	Ruggles B. Carlson
CITY - ST - ZIP		6 4 CITY - ST - ZIP	155 E. 21st Street Jacksonville, FL 32206

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H. B. Horner Date: 2-8-96 Telephone: (904) 355-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (12/95)