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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

C/O RUGGLES B. CARLSON
155 E 21ST ST
JACKSONVILLE FL 32206-2104

3. Date Incorporated or Qualified
11/30/1981

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 c/o Dennis D. Frick

4. FEI Number
59-2142226

Applied For
Not Applicable

22 City & State

27 Suite, Apt #, etc.
P. O. Box 4667

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

23 Zip Country

28 City & State
Jacksonville, FL

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

24 Zip Country

29 Zip Country
32201

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLSON, RUGGLES B.
155 E 21 ST ST
JACKSONVILLE FL 32206

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 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 *Dennis D. Frick* Dennis D. Frick 1-16-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOEBaum, DONALD L	
STREET ADDRESS	155 E 21ST STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BAKER, JOHN D II	
STREET ADDRESS	155 E 21ST STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAKER, EDWARD L	
STREET ADDRESS	155 E 21ST STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYS, ROBERT S	
STREET ADDRESS	155 E 21ST STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HORNER, H. B.	
STREET ADDRESS	155 E. 21ST STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARLSON, RUGGLES B.	
STREET ADDRESS	155 E 21ST STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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* H. B. Horner, Secretary 1-16-97 (904) 355-1781
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0004743

CR2E037 (9/96)