

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 C/O RUGGLES B. CARLSON 155 E 21ST ST JACKSONVILLE FL 32206	Mailing Address C/O DENNIS D FRICK P.O. BOX 4667 JACKSONVILLE FL 32201 US
---	---

3. Date Incorporated or Qualified 11/30/1981	
4. FEI Number 59-2142226	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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. c/o Dennis D. Frick Suite, Apt. #, etc. 22. 155 East 21st Street City & State 23. Jacksonville, FL Zip 24. 32206	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. US	30. Country
--	---	-------------

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
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLOBAUM, 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 checked="" 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	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	H. B. Horner
5.3 STREET ADDRESS	155 East 21st Street
5.4 CITY-ST-ZIP	Jacksonville, FL, 32205
6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	James Jeffrey Gilstrap
6.3 STREET ADDRESS	155 East 21st Street
6.4 CITY-ST-ZIP	Jacksonville, FL, 32206

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James Jeffrey Gilstrap* **RE REQUIRED** James Jeffrey Gilstrap, Secretary 1-9-98 904-355-1781

CR2E037 (10/97)