


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 760856**  
 1. Entity Name  
**FLORIDA ROCK INDUSTRIES FOUNDATION, INC.**



Principal Place of Business C/O FRICK, DENNIS D 155 E 21ST ST JACKSONVILLE, FL 32206 US	Mailing Address C/O DENNIS D FRICK P.O. BOX 4667 JACKSONVILLE, FL 32201 US
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**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2142226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 FRICK, DENNIS D  
 155 E 21ST ST  
 JACKSONVILLE, FL 32206

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

U00000089936  
 03/16/04-80009-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAKER, JOHN D II 155 E 21ST STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, EDWARD L 155 E 21ST STREET JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, THOMPSON S II 155 E. 21ST STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MILTON, JOHN D JR 155 EAST 21ST STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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:** *John D. Milton, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 3/15/04 Daytime Phone #: (904) 355-1781

*John D. Milton, Jr., Treasurer/Secretary*