## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 16, 2004 08:00 AM **Secretary of State** DOCUMENT # 760856 \_ . . . . . FLORIDA ROCK INDUSTRIES FOUNDATION, INC. Principal Place of Business Mailing Address C/O FRICK, DENNIS D C/O DENNIS D FRICK 155 E 21ST ST P.O. BOX 4667 JACKSONVILLE, FL 32201 JACKSONVILLE, FL 32206 US 01092004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2142226 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FRICK, DENNIS D DO NOT WRITE 155 E 21ST ST JACKSONVILLE, FL 32206 IN THIS SPACE 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 iamiliar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing Filing Fee is \$61.25 U00000089936 Trust Fund Contribution. Due by May 1, 2004 Added to Fees 03/16/04-80009-002 61.25 10. OFFICERS AND DIRECTORS शहर VPD NAME BAKER, JOHN DII STREET ADDRESS 155 E 21ST STREET CITY-ST-ZP JACKSONVILLE, FL TITS F PD NAME BAKER, EDWARD L STREET ADDRESS 155 E 21ST STREET 817Y-ST-ZP JACKSONVILLE, FL TITLE NAME BAKER, THOMPSON S II STREET ADDRESS 155 E. 21ST STREET DO NOT WRITE CITY-ST-ZP JACKSONVILLE, FL 32206 IN THIS SPACE TITLE NAME MILTON, JOHN DUR STREET ADDRESS 155 EAST 21ST STREET JACKSONVILLE, FL 32206 CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the faceiver 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 type empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

> CER OR DIRECTOR John D. Milton, Treasurer/Sourchary

104) 355~ 170 /

**FILED**