FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:06

DOCUMENT # 854851 (3)

1. Corporation Name
FLORIDA ROCK CONCRETE, INC.

Principal Place of Business	Mailing Address
155 EAST 21ST STREET P.O. BOX 4667 JACKSONVILLE FL 32201	155 EAST 21ST STREET P.O. BOX 4667 JACKSONVILLE FL 32201

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/02/1982
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 41-0981180 ☐ 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

9. Name and Address of Current Registered Agent

CARLSON, RUGGLES B.
155 EAST 21 ST STREET
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CB~~	1.1 TITLE		☐ Change ☐ Addition
NAME	~~BAKER, THOMPSON S.~~	1.2 NAME		
STREET ADDRESS	~~155 EAST 21ST STREET~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, EDWARD L.	2.2 NAME		
STREET ADDRESS	155 EAST 21ST STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	VPD	3.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, JOHN D.,II	3.2 NAME		
STREET ADDRESS	155 EAST 21ST STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE	VP & Dir	☐ Change ☐ Addition
NAME	HAYS, S. ROBERT	4.2 NAME	Hays, S. Robert	
STREET ADDRESS	155 EAST 21ST STREET	4.3 STREET ADDRESS	155 East 21st Street	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	VPT	5.1 TITLE		☐ Change ☐ Addition
NAME	CARLSON, RUGGLES B.	5.2 NAME		
STREET ADDRESS	155 EAST 21ST STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	FRICK, DENNIS D	6.2 NAME		
STREET ADDRESS	155 EAST 21ST STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2-15-95 (904) 355-1781
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Dennis D. Frick, Secretary

0404014 FP