

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 28 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # L95423 (4)
 1. Corporation Name
FLORIDA ROCK & TANK LINES, INC.

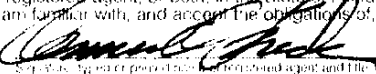


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|---|--|
| Principal Place of Business 155 E 21ST ST JACKSONVILLE FL 32206 | Mailing Address 155 E 21ST ST JACKSONVILLE FL 32206-2104 |
|---|--|

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 08/23/1990 | | 02/15/1996 | |
| Suite, Apt. #, etc. | | c/o Dennis D. Frick | | 4. FEI Number | | Applied For | |
| 22 | | 27 | | 59-3024457 | | Not Applicable | |
| City & State | | P. O. Box 4667 | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 23 | | 28 | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Zip | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| 24 | | 29 | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Country | | 32201 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25 | | 30 | | | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CARLSON, RUGGLES B. 155 EAST 21ST STREET 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 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:  **Dennis D. Frick, Secretary** 1-22-97

(NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------|---------------------------------|--------------------|---|--|--|---|
| TITLE | D | <input type="checkbox"/> DELETE | 1.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSON, JOHN E | | 1.2 NAME | | | | |
| STREET ADDRESS | 155 E 21ST ST | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | VDT | <input type="checkbox"/> DELETE | 2.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARLSON, RUGGLES B | | 2.2 NAME | | | | |
| STREET ADDRESS | 155 E 21ST ST | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | V | <input type="checkbox"/> DELETE | 3.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACKSON, ROBERT J | | 3.2 NAME | | | | |
| STREET ADDRESS | 155 E 21ST ST | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | S | <input type="checkbox"/> DELETE | 4.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRICK, DENNIS D | | 4.2 NAME | | | | |
| STREET ADDRESS | 155 EAST 21ST STREET | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | 5.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MABBETT, JOHN R III | | 5.2 NAME | | | | |
| STREET ADDRESS | 155 EAST 21ST STREET | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | VP | <input type="checkbox"/> DELETE | 6.1 TITLE | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANDLIN, ROBERT E. | | 6.2 NAME | | | | |
| STREET ADDRESS | 155 E 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 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:  **Dennis D. Frick** 1-22-97 904-355-1781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (9/96)