

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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L95423 (4)
 1. Corporation Name
FLORIDA ROCK & TANK LINES, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1990	
21	22	26	27	4. FEI Number 59-3024457	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRICK, DENNIS D 155 EAST 21ST STREET JACKSONVILLE FL 32206				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

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 _____ (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	VOT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice Pres., Dir., Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARLSON, RUGGLES B			2.2 NAME	James Jeffrey Gilstrap		
STREET ADDRESS	155 E 21ST ST			2.3 STREET ADDRESS	155 East 21st Street		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP	Jacksonville, FL 32206		
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 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, Secretary 2-9-98 (904) 355-1781**

CR2E034 (10/97)