

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:07

DOCUMENT # N21711 (9)
1. Corporation Name
FLORIDA ROCK & TANK LINES FOUNDATION, INC.

Principal Place of Business Mailing Address
C/O RUGGLES B. CARLSON **C/O RUGGLES B. CARLSON**
155 EAST 21ST STREET **155 EAST 21ST STREET**
JACKSONVILLE FL 32206-2104 **JACKSONVILLE FL 32206-2104**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/27/1987** 3a. Date of Last Report **02/25/1994**
4. FEI Number **59-2143326** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
CARLSON, RUGGLES B.
155 EAST 21ST 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS
TITLE **D-**
NAME **BAKER, THOMPSON S.-**
STREET ADDRESS **4167 ORTEGA BLVD.-**
CITY-ST-ZIP **JACKSONVILLE FL--**
TITLE **PD**
NAME **BAKER, EDWARD L.**
STREET ADDRESS **3818 BETTES CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **VD**
NAME **BAKER, JOHN D., II**
STREET ADDRESS **1870 CHALLEN AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **T**
NAME **CARLSON, RUGGLES B.**
STREET ADDRESS **155 E. 21ST STREET**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **S**
NAME **RECKNAGEL, FRED III**
STREET ADDRESS **155 E 21ST STREET**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE **President & Director** Change Addition
2.2 NAME **Baker, Edward L.**
2.3 STREET ADDRESS **155 E. 21st Street**
2.4 CITY-ST-ZIP **Jacksonville, FL**
3.1 TITLE **Vice President & Director** Change Addition
3.2 NAME **Baker, John D., II**
3.3 STREET ADDRESS **155 E. 21st Street**
3.4 CITY-ST-ZIP **Jacksonville, FL**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE **Secretary** Change Addition
5.2 NAME **Horner, H.B.**
5.3 STREET ADDRESS **155 E. 21st Street**
5.4 CITY-ST-ZIP **Jacksonville, FL**
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(g), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: H. B. Horner 2-20-95 (904) 355-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
H. B. Horner, Secretary