


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90393 041 \*\*\*150.00

**DOCUMENT # N21711**

1. Entity Name  
**FLORIDA ROCK & TANK LINES FOUNDATION, INC.**



Principal Place of Business  
**C/O DENNIS D FRICK  
 155 EAST 21ST ST  
 JACKSONVILLE, FL 32206 US**

Mailing Address  
**C/O FRICK, DENNIS D  
 P.O. BOX 4667  
 JACKSONVILLE, FL 32201 US**

**50038710**



2. Principal Place of Business  
**1801 Art Museum Drive**  
 Suite, Apt. #, etc.  
**Suite 300**

3. Mailing Address  
**1801 Art Museum Drive**  
 Suite, Apt. #, etc.  
**Suite 300**

03232005 Chg-NP CR2E037 (10/03)

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

Zip  
**32207**

Country  
**USA**

Zip  
**32207-2580**

Country  
**USA**

4. FEI Number  
**59-2143326**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FRICK, DENNIS D  
 155 E 21ST ST  
 JACKSONVILLE, FL 32206**

7. Name and Address of New Registered Agent

Name  
**Ray M. Van Landingham**

Street Address (P.O. Box Number is Not Acceptable)  
**1801 Art Museum Drive  
 Suite 300**

City  
**Jacksonville, FL**

Zip Code  
**32207**

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 familiar with, and accept the obligations of registered agent.

SIGNATURE  **Ray M. Van Landingham** **4/14/05**

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, EDWARD L. 155 E 21ST STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAKER, JOHN D., II 155 E 21ST STREET JACKSONVILLE, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MILTON, JOHN D JR. 155 EAST 21ST STREER JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JOHN E. 155 E 21ST STREET JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MABBETT, JOHN R III 1801 ART MEUSEUM DR. JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V. John E. Anderson 1801 Art Museum Drive, Suite 300 Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Ray M. Van Landingham 1801 Art Museum Drive, Suite 300 Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **Ray M. Van Landingham** **4/15/05** **904-396-5733**

Signature and typed or printed name of signing officer or director Date Daytime Phone #