

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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 27 AM 10:31

DOCUMENT # **399420** (9)

1. Corporation Name

**HASKELL REALTY DEVELOPERS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

Mailing Address

111 RIVERSIDE AVE  
THE HASKELL BLDG.  
JACKSONVILLE FL 32202-4950

111 RIVERSIDE AVE  
THE HASKELL BLDG.  
JACKSONVILLE FL 32202-4950

3. Date Incorporated or Qualified **04/17/1972** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-1408401**

Applied For  
Not Applicable

21. Suite, Apt., etc.

26. Suite, Apt., etc.

5. Certificate of Status Desired  **\$0.75 Additional Fee Required**

22. City & State

27. City & State

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

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VANDERGRIFF, C. EDWARD**  
**1950 LARGO PLACE**  
**JACKSONVILLE FL 32207**

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 of Agent or Printed Name of Registered Agent and Title) (If None, Registered Agent Signature is not required.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S**  
NAME **VANDERGRIFF, C. EDWARD**  
STREET ADDRESS **HASKELL BUILDING**  
CITY, ST, ZIP **JACKSONVILLE, FL 00000**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS **111 Riverside Avenue**  
14 CITY, ST, ZIP **Jacksonville, FL 32202**

TITLE **PD**  
NAME **HASKELL, PRESTON H**  
STREET ADDRESS **HASKELL BLDG**  
CITY, ST, ZIP **JACKSONVILLE, FL 00000**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS **111 Riverside Avenue**  
24 CITY, ST, ZIP **Jacksonville, FL 32202**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 13, as applicable, changed, or on an amendment with no changes.

SIGNATURE:

*(Handwritten Signature)*  
C. Edward Vandergriff

1/16/95

(904) 791-4500

Date

Telephone No.