FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB -1 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 296847 (7)

1. Corporation Name
THE HASKELL COMPANY

Principal Place of Business	Mailing Address
111 RIVERSIDE AVE P O BOX 44100 JACKSONVILLE FL 32231-4100	111 RIVERSIDE AVE P O BOX 44100 JACKSONVILLE FL 32231-4100

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/14/1965
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1101537 ☐ 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

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

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

9. Name and Address of Current Registered Agent

VANDERGRIFF, C. EDWARD
111 RIVERSIDE AVE.
JACKSONVILLE FL 32231

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	COBB, JOHN R	1.2 NAME	Haskell, Preston H.	
STREET ADDRESS	111 RIVERSIDE AVE / PO BOX 44100	1.3 STREET ADDRESS	111 Riverside Avenue	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VP	2.1 TITLE	V/S/T/D	☒ Change ☐ Addition
NAME	NICKELL JR, DONALD H	2.2 NAME	Vandergriff, C. E.	
STREET ADDRESS	111 RIVERSIDE AVE / PO BOX 44100	2.3 STREET ADDRESS	111 Riverside Avenue	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VPD	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SOULBY, ROBERT W	3.2 NAME	Zona, John	
STREET ADDRESS	111 RIVERSIDE AVE / PO BOX 44100	3.3 STREET ADDRESS	111 Riverside Avenue	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VP	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	OSTERMAN JR, PETER R	4.2 NAME	Osterman, Jr., Peter R.	
STREET ADDRESS	111 RIVERSIDE AVE / PO BOX 44100	4.3 STREET ADDRESS	111 Riverside Avenue	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VD	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	ZONA, JOHN III	5.2 NAME	Williams, Harry H.	
STREET ADDRESS	111 RIVERSIDE AVE.	5.3 STREET ADDRESS	111 Riverside Avenue	
CITY-ST-ZIP	JACKSONVILLE FL 32202	5.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VD	6.1 TITLE	V/D	☒ Change ☐ Addition
NAME	PAYLOR, LARRY E	6.2 NAME	Paylor, Larry E.	
STREET ADDRESS	111 RIVERSIDE AVE.	6.3 STREET ADDRESS	111 Riverside Avenue	
CITY-ST-ZIP	JACKSONVILLE FL 32202	6.4 CITY-ST-ZIP	Jacksonville, FL 32202	

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 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: _____ 1/16/95 (904) 791-4500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Peter R. Osterman, Jr., Vice President/Director

0023000 CP

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SIGNATURE _____ DATE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	V/D Cobb, John R. 111 Riverside Avenue Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	V/D Nickell, Jr., Donald H. 111 Riverside Avenue Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	V/D Soulby, Robert W. 111 Riverside Avenue Jacksonville, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

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SIGNATURE: _____ 1/16/95 (904) 791-4500
SIGNATURE AND TYPED OR PRINTED NAME OF ASSISTING OFFICER OR DIRECTOR
Peter R. Osterman, Jr., Vice President/Director

0023960 CP