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FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 296847 (7)  
1. Corporation Name  
THE HASKELL COMPANY

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

Mailing Address  
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

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

VANDERGRIF, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HASKELL, PRESTON H  
STREET ADDRESS 111 RIVERSIDE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VSTD  
NAME VANDERGRIF, C E  
STREET ADDRESS 111 RIVERSIDE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VD  
NAME ZONA, JOHN  
STREET ADDRESS 111 RIVERSIDE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD  
NAME MULLINIX, EDWARD W JR.  
STREET ADDRESS 111 RIVERSIDE AVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD  
1.2 NAME Cobb, John R.  
1.3 STREET ADDRESS 111 Riversie Avenue  
1.4 CITY-ST-ZIP Jacksonville FL 32202

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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: LB

4/27/98

(904) 791-4500

CR2E034 (10/97)