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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:31

DOCUMENT # **L37846** **(7)**

1. Corporation Name
HASKELL DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
% HACYON E. SKINNER 111 RIVERSIDE AVE. JACKSONVILLE FL 32202-1950	% HACYON E. SKINNER 111 RIVERSIDE AVE. JACKSONVILLE FL 32202-1950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/20/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 delete % H. E. Skinner
22 Suite, Apt. #, etc.
23 City & State
24 Zip: 32202-4950 Country: 25

2a. Mailing Address
26 delete % H.E. Skinner
27 Suite, Apt. #, etc.
28 City & State
29 Zip: 32202-4950 Country: 30

4. FEI Number: **59-2985414** ☐ 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 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 32202-1950

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 **32202-4950**

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 executed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DP	☐ Change ☒ Addition
NAME	VANDERGRIFF, C. EDWARD	12 NAME		
STREET ADDRESS	111 RIVERSIDE AVE.	13 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	Zip Code = 32202	
TITLE	D	21 TITLE	DVS	☐ Change ☒ Addition
NAME	OSTERMAN, PETER R., JR	22 NAME		
STREET ADDRESS	111 RIVERSIDE AVE.	23 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Zip Code = 32202	
TITLE	D	31 TITLE	DT	☒ Change ☐ Addition
NAME	HOLMES, KENNON G.	32 NAME	Christopher S. Park (delete K G Holmes)	
STREET ADDRESS	111 RIVERSIDE AVE.	33 STREET ADDRESS	111 Riverside Avenue	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	Jacksonville, FL 32202	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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., Director/Vice President/Secretary

0013007 CP