

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Mar 31 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L37846

(7)

1. Corporation Name
HASKELL DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

**111 RIVERSIDE AVE
JACKSONVILLE FL 32202-4950
US**

**111 RIVERSIDE AVE
JACKSONVILLE FL 32202-4921
US**

3. Date Incorporated or Qualified 12/20/1989	3a. Date of Last Report 03/28/1996
4. FEI Number 59-2985414	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State	City & State
23. Zip	Zip
24. Country	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VANDERGRIFF, C. EDWARD
111 RIVERSIDE AVE.
JACKSONVILLE FL 32202**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VANDERGRIFF, C. EDWARD		1.2 NAME	
STREET ADDRESS 111 RIVERSIDE AVE.		1.3 STREET ADDRESS	
CITY-STATE-ZIP JACKSONVILLE FL		1.4 CITY-STATE-ZIP	
TITLE DSV	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MULLINIX, EDWARD W. JR		2.2 NAME	Mullinix, Edward W. Jr.
STREET ADDRESS 111 RIVERSIDE AVE.		2.3 STREET ADDRESS	
CITY-STATE-ZIP JACKSONVILLE FL		2.4 CITY-STATE-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARK, CHRISTOPHER S		3.2 NAME	
STREET ADDRESS 111 RIVERSIDE AVENUE		3.3 STREET ADDRESS	
CITY-STATE-ZIP JACKSONVILLE FL		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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: **Edward W. Mullinix, Jr.** **3/25/97** (904) 791-4500
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)