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 13 AM 11:21

DOCUMENT # **P92000001073 (5)**

1. Corporation Name

HASKELL INTERNATIONAL CORPORATION

Principal Place of Business
111 RIVERSIDE AVE
THE HASKELL BLDG
JACKSONVILLE FL 32202-4950

Mailing Address
111 RIVERSIDE AVE
THE HASKELL BLDG
JACKSONVILLE FL 32202-4950

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1992
3a. Date of Last Report: 04/28/1994

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

4. FEI Number: 58-2015377 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $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 [X] No

9. Name and Address of Current Registered Agent

VANDERGRIFF, C. EDWARD
111 RIVERSIDE AVE
HASKELL BLDG
JACKSONVILLE FL 32202-4950

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 resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DVS	[X] Change [ ] Addition
NAME	FULKERSON, T. BRADLEY III	1.2 NAME		
STREET ADDRESS	999 PEACHTREE ST NE #2850	1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30309	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		[X] Change [ ] Addition
NAME	HASKELL, PRESTON H III	2.2 NAME		
STREET ADDRESS	111 RIVERSIDE AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32231-4100	2.4 CITY-ST-ZIP	Zip Code = 32202	
TITLE	D	3.1 TITLE	DP	[X] Change [ ] Addition
NAME	VANDERGRIFF, C. EDWARD	3.2 NAME		
STREET ADDRESS	111 RIVERSIDE AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32231-4100	3.4 CITY-ST-ZIP	Zip Code = 32202	
TITLE	T	4.1 TITLE	T	[ ] Change [X] Addition
NAME	Peter R. Osterman, Jr.	4.2 NAME	Peter R. Osterman, Jr.	
STREET ADDRESS	111 Riverside Avenue	4.3 STREET ADDRESS	111 Riverside Avenue	
CITY-ST-ZIP	Jacksonville, FL 32202	4.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		5.1 TITLE		[ ] Change [ ] Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		[ ] Change [ ] Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(k), 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 PRINCIPAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Peter R. Osterman, Jr., Treasurer

0014004 CP