

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L98318 (3)

1. Corporation Name
HALLMARK REAL ESTATE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14310 N DALE MABRY STE 280 TAMPA FL 33618 US	Mailing Address PO BOX 272065 TAMPA FL 33688 US
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3. Date Incorporated or Qualified 09/01/1990	
4. FFI Number NOT APPLICABLE	Applied for Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 415 S. FLORIDA BRANCA Suite, Apt. #, etc. 22 #4 City & State 23 PENSACOLA, FL Zip Country 24 32501 25 US	2a. Mailing Address 26 415 S. FLORIDA BRANCA Suite, Apt. #, etc. 27 #4 City & State 28 PENSACOLA, FL Zip Country 29 32501 30 US
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9. Name and Address of Current Registered Agent

HALL, JERRY
14310 N DALE MABRY, SE 280
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name **HALL, JERRY**
 82 Street Address (P.O. Box Number is Not Acceptable)
4470 LA JOLLA
 83
 84 City **PENSACOLA** FL 85 Zip Code **32504**

11. Pursuant to the provisions of Sections 607.0202 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 reissuing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JERRY	1.2 NAME	HALL, JERRY W.
STREET ADDRESS	5260 TUNA LANE	1.3 STREET ADDRESS	4470 LA JOLLA
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *[Signature]* *[Signature]* **556 910 1171**

CR2E034 (10/97)