

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000021979 (6)**

1. Corporation Name

**HALLMARK INVESTMENTS, INC.**



Principal Place of Business

Mailing Address

**2865 EXECUTIVE DRIVE  
CLEARWATER FL 34622**

**2865 EXECUTIVE DRIVE  
CLEARWATER FL 34622**

3. Date Incorporated or Qualified **03/17/1995** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number **59-3311394** 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

10. Name and Address of New Registered Agent

**RICE, MARTIN E  
696 FIRST AVENUE NORTH, SUITE 400  
ST. PETERSBURG FL 33701**

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>MITCHELL, BRUCE</b>      |                                 |
| STREET ADDRESS | <b>2865 EXECUTIVE DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER FL 34622</b>  |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

|                    |                                  |  |
|--------------------|----------------------------------|--|
| 1.1 TITLE          | <b>VP</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                  |  |
| 1.3 STREET ADDRESS |                                  |  |
| 1.4 CITY-ST-ZIP    |                                  |  |
| 2.1 TITLE          | <b>D, P</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>RISSEE, P. N. III</b>         |  |
| 2.3 STREET ADDRESS | <b>2865 EXECUTIVE DRIVE</b>      |  |
| 2.4 CITY-ST-ZIP    | <b>CLEARWATER, FL 34622</b>      |  |
| 3.1 TITLE          | <b>S</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>COPPERWHEAT, JACQUELYN M.</b> |  |
| 3.3 STREET ADDRESS | <b>2865 EXECUTIVE DRIVE</b>      |  |
| 3.4 CITY-ST-ZIP    | <b>CLEARWATER, FL 34622</b>      |  |
| 4.1 TITLE          | <b>VP</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>KATCHUK, KERRY</b>            |  |
| 4.3 STREET ADDRESS | <b>2865 EXECUTIVE DRIVE</b>      |  |
| 4.4 CITY-ST-ZIP    | <b>CLEARWATER, FL 34622</b>      |  |
| 5.1 TITLE          | <b>T</b>                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>CURRAN, JOHN</b>              |  |
| 5.3 STREET ADDRESS | <b>2865 EXECUTIVE DRIVE</b>      |  |
| 5.4 CITY-ST-ZIP    | <b>CLEARWATER, FL 34622</b>      |  |
| 6.1 TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                  |  |
| 6.3 STREET ADDRESS |                                  |  |
| 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: *Jacquelyn M. Copperwheat* **JACQUELYN M. COPPERWHEAT** Date: **4/22/96** (813) 573-4000

CR2E034 (12/95)