

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000049957 (0)

1. Corporation Name

J.C. HALLMARK ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**14012 TROUVILLE DR
TAMPA FL 33624**

**14012 TROUVILLE DR
TAMPA FL 33624**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1995		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3328114		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

**HALLMARK, JIM C
14012 TROUVILLE DR
TAMPA FL 33624**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: If a third-party signature is required when registering, DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	NAME
STREET ADDRESS		12 NAME	
CITY - ST - ZIP		13 STREET ADDRESS	
		14 CITY - ST - ZIP	
TITLE	NAME	21 TITLE	NAME
STREET ADDRESS		22 NAME	
CITY - ST - ZIP		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE	NAME
STREET ADDRESS		32 NAME	
CITY - ST - ZIP		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE	NAME
STREET ADDRESS		42 NAME	
CITY - ST - ZIP		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	NAME
STREET ADDRESS		52 NAME	
CITY - ST - ZIP		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	NAME
STREET ADDRESS		62 NAME	
CITY - ST - ZIP		63 STREET ADDRESS	
		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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jim Hallmark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/96 *813-960-5737*
DATE Date of Filing

CR2E034 (3/96)