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

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P95000049957 (0)

1. Corporation Name
~~DC~~ HALLMARK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6304 BENJAMIN RD STE 506-A TAMPA FL 33634	6304 BENJAMIN RD STE 506-A TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 06/26/1995

4. FEI Number: 59-3328114 ☐ 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 owes or has paid the current Year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HALLMARK, LINDA
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 _____ DATE _____
Signature, typed or printed name of registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HALLMARK, LINDA		1.2 NAME		
STREET ADDRESS	14012 TROUVILLE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALTHER, DENICE		2.2 NAME		
STREET ADDRESS	5416 DEERBROOKE CREEK CIR #9		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HALLMARK, JIM C		3.2 NAME		
STREET ADDRESS	14012 TROUVILLE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HALLMARK, CHAD		4.2 NAME		
STREET ADDRESS	9408 LAKE PLACE LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE	VP	☐ Change ☑ Addition
NAME	HALLMARK JASON		5.2 NAME	HALLMARK JASON C.	
STREET ADDRESS	14012 TROUVILLE DR		5.3 STREET ADDRESS	14012 TROUVILLE DR	
CITY-ST-ZIP	TAMPA FL 33624		5.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

6/6/17

DOCUMENT SCANNED
-06/18/98--01014--031
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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: _____

CR2E034 (10/97)