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

FILED Mar 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V48711 HALLMARK CONSTRUCTION MANAGEMENT, INC. Principal Place of Business Mailing Address **9081 PHILIPS HWY 8081 PHILIPS HWY STE 17 STE 17** DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 3. Date Incorporated or Qualified 07/01/1992 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3131784 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, otc 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes or has paid the current year Intangible Žip Country Personal Property Tax due June 30. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WEED, JOSEPH D., N Andrew M. Howe, V Street Address (P.O. Box Number is Not Acceptable) 8081 PHILLIPS HWY 82 1510-A South Second Street **STE 12** 83 JACKSONVILLE FL 32256 Zip Code Jacksonville Reach

FL 85 Zip Code
32250

Torida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607.0505, Florida Statutes. City Pursuant to the provisions of Sections 60 office or registered agont, or both, in the agent. I am familiar with and accept SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1 TITLE THLE WEEBXIOSERN DXK 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS MACKSONWILLEX FILX 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE THILE HOWE, ANDREW M 2.2 NAME NAME 8081 PHILLIPS HWY #17 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2. 4 CITY-ST-ZIP CITY - S1 - ZIP Change DELETE Addition 3.1 TITLE Secretary/Treasurer TITLE JORDAN, MARY I 3.2 NAME Lee S. Walko NAME 8081 PHILIPS HWY #17 3.3 STREET ADDRESS STREET ADDRESS 159 South Main Street, Suite 600 JACKSONVILLE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Akron, Ohio 44308 Change DELETE TITLE 4.1 TITLE RICHART, J CULLEN 4 2 NAME NAME 10404 BRIGANTINE RD STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP X Addition DELETE 5.1 TITLE Chairman Change TITLE

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 trusted 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 or an attachment with an address. Block 12 or Block 13 if changed, or or

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

NAME

NAME

STREET ADORESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

2/28/48

159 South Main Street, Suite 600

Anthony S. Manna

Akron, Ohio 44308

330-762-2411

Change

Addition