

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90149 033 \*\*\*158.75



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **V48711**

1. Corporation Name  
**HALLMARK CONSTRUCTION MANAGEMENT, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1510-A SOUTH SECOND STREET JACKSONVILLE BEACH FL 32250 US	1510-A SOUTH SECOND STREET JACKSONVILLE BEACH FL 32250 US

3. Date Incorporated or Qualified  
**07/01/1992**

2. Principal Place of Business	2a. Mailing Address
21 <b>424 S. 3RD ST.</b>	26 <b>424 S. 3RD ST.</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>JACKSONVILLE BEACH, FL</b>	28 <b>JACKSONVILLE BEACH, FL</b>
24 <b>32250</b> 25 <b>US</b>	29 <b>32250</b> 30 <b>US</b>

4. FEI Number **59-3131784**

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**HOWE, ANDREW M**  
**1510-A SOUTH SECOND STREET**  
**JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81 Name	<b>ANDREW M. HOWE</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>424 S. 3RD ST</b>
83	
84 City	<b>JACKSONVILLE BEACH FL</b>
85 Zip Code	<b>32250</b>

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	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNA, ANTHONY</b>	1.2 NAME	
STREET ADDRESS	<b>159 S MAIN STREET, SUITE 600</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AKRON OH 44308</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWE, ANDREW M</b>	2.2 NAME	
STREET ADDRESS	<b>8081 PHILLIPS HWY #17</b>	2.3 STREET ADDRESS	<b>424 S. 3RD ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>JACKSONVILLE BEACH, FL 32250</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKO, LEE S</b>	3.2 NAME	
STREET ADDRESS	<b>159 S MAIN ST, SUITE 600</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AKRON OH 44308</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHART, J CULLEN</b>	4.2 NAME	
STREET ADDRESS	<b>10404 BRIGANTINE RD</b>	4.3 STREET ADDRESS	<b>424 S. 3RD ST.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	<b>JACKSONVILLE BEACH, FL 32250</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *Andrew M. Howe* **3/4/99** **904-270-0270**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date DayTime Phone #

CR2E034 (11/98)