


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90479 005 ***158.75

DOCUMENT # V48711

1. Entity Name
HALLMARK CONSTRUCTION MANAGEMENT, INC.



Principal Place of Business
**424 S 3RD ST
JACKSONVILLE BEACH FL 32250
US**

Mailing Address
**424 S 3RD ST
JACKSONVILLE BEACH FL 32250
US**



2. Principal Place of Business
**76 S. LAURA ST.
Suite, Apt. #, etc.
SUITE 1700**

3. Mailing Address
Suite, Apt. #, etc.
City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32202

Country
US

4. FEI Number **59-3131784** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

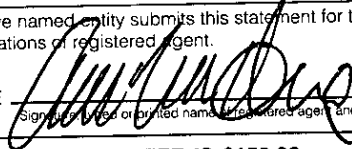
6. Name and Address of Current Registered Agent

**HOWE, ANDREW M
424 S 3RD ST 76 S. LAURA ST. SUITE 1700
JACKSONVILLE BEACH FL 32250 JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/14/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> Delete
NAME	MANNA, ANTHONY
STREET ADDRESS	75 E MARKET STREET
CITY-ST-ZIP	AKRON OH 44308
TITLE	PD <input type="checkbox"/> Delete
NAME	HOWE, ANDREW M
STREET ADDRESS	424 S 3RD ST
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250
TITLE	ST <input type="checkbox"/> Delete
NAME	WALKO, LEE S
STREET ADDRESS	75 E MARKET STREET
CITY-ST-ZIP	AKRON OH 44308
TITLE	VP <input type="checkbox"/> Delete
NAME	RICHART, J CULLEN
STREET ADDRESS	424 S 3RD ST
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	76 S. LAURA ST. SUITE 1700
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	76 S. LAURA ST. SUITE 1700
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **REQUIRED** Date **3/14/03** Daytime Phone # **904-350-1311**

CR2E034 (10/02)