## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

**DOCUMENT #** J32125

(3)

HALLMARK MORTGAGE SERVICES, INC.						 	 	I <b>ê</b> jê <b>bib</b> êj <b>bib</b> h bir	BUL BURUH ONDAN 1881
Principal Piac	ce of Business	Mailing Address							
3802 EHRLICH RD #307 TAMPA FL 33688 US		3802 EHRLICH ROAD. P.O. BOX 272065 TAMPA FL 33688	<b>#30</b> 7						
0 D	7	U\$				<ol> <li>Date Incorporated or C 09/02/1986</li> </ol>	ualified 3a.	. Date of Last 02/08/11	
2. Frincipal F	Place of Business	2a. Mailing Address				4. FEI Number		1	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.			59-2714660			Not Applicable	
22		27				5. Certificate of Status De	sired 🔲		5 Additional Required
City & State		City & State			6. Election Campaign Fina	ıncina		00 May Be	
<b>23</b>   Ζφ	Country	28	<del></del>			Trust Fund Contribution	L	Add	ied to Fees
24	25	Zip   Coi					8. This corporation has liability for intangible tax under s 199.032,		
	9. Name and Address of Current					Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	44.4	/		61	Name		THOM HOGHE	olog Ağelit	<del></del>
HALL, KAY S. 3802 EHRLICH RD., #307				82	Street A	ddress (P.O. Box Number is Not A	(contable)		
	HHLICH HD., #307 FL 33624			<u> </u>					
א ווווערני	16 33024			83					
				84	City			<b>85</b> Z	Zip Code
11. Pursuant	to the provisions of Sections 607,0502 a red agent, or both, in the State of Florida	nd 607,1508, Florida Statute	es, the abo	ve·n	amed cor	poration submits this statement for	the ouroose	of changing its	registered office
familiar w	red agent, or both, in the State of Florida ith, and accept the obligations of, Section	Such change was authoriza n 607.0505, Florida Statutes	ed by the c	orpo	oration's b	coard of directors. I hereby accept	the appointme	int as registere	d agent. I am
SIGNATURE	Support of the control of the contro								
12.	Signature, typed or printed name of registered again; an OFFICERS AND			Agent	signature rec	pured when reinstating)		ATE	<del></del>
)JT.E	PTD	DELFTE	13.	TLF	T	ADDITIONS/CHANGES	TO OFFICERS		
NAME	HALL, KAY S.		12 NA					☐ Change	☐ Addition
STREET ADDRESS	3802 EHRLICH RD #307		1.3 ST	REET A	ADDRESS				
CHY-SI-ZIP TITLE	TAMPA FL SD		1.4 CITY - ST - ZIP		- 218				
NAME	HALL, JERRY W.	DEFEAT	2 1 10					☐ Change	☐ Addition
STREET ADDRESS	3802 EHRLICH RD #307		2 2 NA		******				
CHTY ST-ZIP	TAMPA FL		24 017		ADDRESS				
THILE	VP	☐ DELETE	3 1 711					Change	Addition
NAM:	ATKINS, BONNY L	_	3.2 NA	ME	-			T vande	
STREET ADDRESS OTY ST-ZIP	3802 EHRLICH ROAD, STE. 307 TAMPA FL 33624	ſ	3 3 ST	REE1,	ADORESS				
Ulaf	VP 33024	T DELETE	3 4 CIT		- ZiP				
NAME	RIPLEY, J. ROBERT		4 1 Tr1 4.2 NAI					Change	Addition
STREET ADDRESS	415 SOUTH FLORIDA BLANCA				address				
City-St Zip	PENSACOLA FL 32501		4.4 Ci1		1				
TIFLE	WOODARD OUEDDI	☐ DELETE	5 1 717					☐ Change	Addition
NAME STREET ADDRESS	WOODARD, SHERRI 5098-98TH WAY NORTH		5 2 NAM	ΑE				_ ,	
STHEET ADDRESS CITY - ST - ZIP	ST. PETERSBURG FL 33708				ODRESS				
THEF	VP VP	DELETE	5.4 CiT		ZIP				
NAME	HOLLOWAY, ANDRA	End section	6.2 NAM		İ			Change	☐ Addition
STREET ADDRESS	2225 KNIGHTS ROAD		- 1		DORESS				
CITY ST ZIP	WINTER HAVEN FL 33880		64.00						ĺ
14. Ldo hereb	y certify that the information supplied with	this filing is voluntarily funda-	tood pood -	- 31-	CIP				

rub recept certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further cetify 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 appears in Block 12 or Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**