

FILED
Jan 21 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 # J32125 1. Corporation Name		(3)
HALLMARK MORTGAGE SERVICES, INC.		

Principal Place of Business	Mailing Address
14310 N DALE MABRY STE 280 TAMPA FL 33618 US	3002 ENGLISH ROAD #307 P.O. BOX 272065 TAMPA FL 33688 US

21	2. Principal Place of Business		22	2a. Mailing Address	
	Suite, Apt. #, etc.		26	P.O. Box 272065	
22	City & State		27	Suite, Apt. #, etc.	
23	Zip	Country	28	City & State	
				Tampa, FL	
24	25		29	Zip	Country
				33688	US

9. Name and Address of Current Registered Agent	
HALL, KAY S. 5620 TUNA LN SPRINGHILL FL 34607	81 Name KAY
	82 Street Address 447
	83
	84 City PEN

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	09/02/1986
4. FEI Number	59-2714660
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required ☒ \$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	☐ ☒
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☒ No

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	HALL, KAY S.	1.2 NAME	HALL, KAY S.
STREET ADDRESS	5260 TUNA LN	1.3 STREET ADDRESS	4470 LA JOLLA
CITY-ST-ZIP	SPRINGHILL FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	SD	2.1 TITLE	
NAME	HALL, JERRY W.	2.2 NAME	
STREET ADDRESS	5260 TUNA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	ATKINS, BONNY L	3.2 NAME	
STREET ADDRESS	4005 HUXFORD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	RIPLEY, J. ROBERT	4.2 NAME	
STREET ADDRESS	415 SOUTH FLORIDA BLANCA	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	WOODARD, SHERRI	5.2 NAME	
STREET ADDRESS	5098-98TH WAY NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	VP
NAME	HOLLOWAY, ANDRA	6.2 NAME	RICK A JENKINS
STREET ADDRESS	2225 KNIGHTS ROAD	6.3 STREET ADDRESS	14310 N. DALE MABRY
CITY-ST-ZIP	WINTER HAVEN FL 33880	6.4 CITY-ST-ZIP	TAMPA, FL 33618

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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.

CR2E034 (10/97)