

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

CORPORATION  
ANNUAL REPORT

1997/6



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 471614 (8)

1. Corporation Name

HALLMARK BUILDERS, INC.

000001840500  
-05/28/96--01027--024  
\*\*\*208.75

Principal Place of Business

Mailing Address

521 E HWY 434

521 E HWY 434

~~P.O. BOX 520606~~

~~P.O. BOX 520606~~

LONGWOOD FL 32752-7690

LONGWOOD FL 32752-7690

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12 City & State

27 City & State

3 Zip Country

28 Zip Country

4 2c

29

30

9. Name and Address of Current Registered Agent

NUTT, RONALD D  
241 CROWN OAKS WAY.  
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

Signature of agent or principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDT
NAME	NUTT, RONALD D
STREET ADDRESS	241 CROWN OAKS WAY.
CITY-ST-ZIP	LONGWOOD, FL 00000
TITLE	SV
NAME	NUTT, ROGER
STREET ADDRESS	1966 ALAMEDA
CITY-ST-ZIP	DELTONA FL
TITLE	V
NAME	NUTT, ANDREW
STREET ADDRESS	3109 MALTBY DRIVE
CITY-ST-ZIP	DELTONA FL
TITLE	P
NAME	CONNER, JOHN R.
STREET ADDRESS	102 ELDERBERRY LANE
CITY-ST-ZIP	LONGWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nutt Ronald D	
1.3 STREET ADDRESS	241 Crown Oaks Way	
1.4 CITY-ST-ZIP	Longwood FL 3275 32779	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	None	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

3/3/1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

407-331-0000 x106