FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 JAN 19 PM 12:55

DOCUMENT # 503024 (2)

1. Corporation Name
HALLMARK CUSTOM BUILDERS, INC.

Principal Place of Business
73 CORNELIUS BLVD.
P. O. BOX 7676
N. PORT FL 34287

Mailing Address
73 CORNELIUS BLVD.
P. O. BOX 7676
N. PORT FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1976
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business
21 74 CORNELIUS BLVD.
State Apt. # etc.
22 P.O. BOX 7676
City & State
23 NORTH PORT, FL.
Zip 24 34287 Country 25 SARASOTA

2a. Mailing Address
26 74 CORNELIUS BLVD.
State Apt. # etc.
27 P.O. BOX 7676
City & State
28 NORTH PORT, FL.
Zip 29 34287 Country 30 SARASOTA

4. FEI Number: 59-1677907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR, WANDA J.
1088 GENERAL ST
73 CORNELIUS BLVD.
PORT CHRLOTTE FL 33953

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 74 CORNELIUS BLVD.
84 City FL 85 Zip Code

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: WANDA J. TAYLOR, PRESIDENT — JANUARY 12, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, WANDA J.	1.2 NAME	
STREET ADDRESS	1088 GENERAL ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	MALINOSKI, JAMES	2.2 NAME	
STREET ADDRESS	20121 MT PROSPECT ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 added by attachment with an address.

SIGNATURE: WANDA J. TAYLOR JANUARY 12, 1995 1-813-625-9796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0456306 FP