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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 503024 (2)
1. Corporation Name
HALLMARK CUSTOM BUILDERS, INC.



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

Mailing Address
74 CORNELIUS BLVD
P. O. BOX 7676
N. PORT FL 34287-0676
US

3. Date Incorporated or Qualified
05/12/1976

3a. Date of Last Report
01/29/1996

4. FEI Number
59-1677907

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

MALINOSKI, JAMES
20121 MOUNT PROSPECT
PORT CHARLOTTE FL 33954

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PVTS	MALINOSKI, JAMES	20121 MT PROSPECT ST	PORT CHARLOTTE FL	☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1				☐	☐	☐
1.2				☐	☐	☐
1.3				☐	☐	☐
1.4				☐	☐	☐
2.1				☐	☐	☐
2.2				☐	☐	☐
2.3				☐	☐	☐
2.4				☐	☐	☐
3.1				☐	☐	☐
3.2				☐	☐	☐
3.3				☐	☐	☐
3.4				☐	☐	☐
4.1				☐	☐	☐
4.2				☐	☐	☐
4.3				☐	☐	☐
4.4				☐	☐	☐
5.1				☐	☐	☐
5.2				☐	☐	☐
5.3				☐	☐	☐
5.4				☐	☐	☐
6.1				☐	☐	☐
6.2				☐	☐	☐
6.3				☐	☐	☐
6.4				☐	☐	☐

14. I do 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 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

2-4-97

Date

941-625-9796

Daytime Phone #

0436457

CR2E034 (9/96)