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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

636714

(8)

1. Corporation Name
HALLMARK ENERGY INC.

Principal Place of Business Mailing Address											
4500 140TH AVENUE NO			P.O. BOX 17309 #105								
	Suite 101 Clearwater Fl 34622 US		CLEARWATER FL 34622 US			3. Date Incorporated or Qualified 09/19/1979		e of Last F 5/01/19			
. Principal Place	e of Business	2a.	Mailing Address					4. FEI Number 59-1965728			Applied For Not Applicab
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired			5 Additional Required
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	29	Ζıp	30	Country	y			s 🔲 No		s 199.032,
L	9. Name and Address of Currer		stered Agent		T			10. Name and Address of New	Registered	Agent	
	g. Hallic Bild Moderns		<u> </u>		81	1	Name				
ENGELHARDT, DANIEL A. 4500 140TH AVENUE NORTH					82	2 5	Street Addr	ress (P.O. Box Number is Not Acceptable)			
#105					83	1					
CLEARW	ATER FL 34622				84	1 7	City		FI	85	Zip Code
					ab a	Ţ	mod cores	ration submits this statement for the p rd of directors. I hereby accept the ap	urpage of o	nanging its	registered of
SIGNATURE	a agent, or both, in the state of hom, and accept the obligations of, Sec	t and title i	faryriicable (No	OTL: Rogi	istered Age	ent s	signature require	od when renstating) ADDITIONS/CHANGES TO O	DATE FICERS AN	ID DIRECT	ORS IN 12
2.	OFFICERS AN	אוט טואכ	DELETE		1, 1 TITLE					Chang	
ITLE	ENGLEHARDT, DANIEL A.				1.2 NAME						
STREET ADDRESS	4500 140TH AVENUE 101			ŀ	1.3 STREE	ET A	DDRESS				
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IAME	ENGELHARDT, STEVEN				2.2 NAMI		ļ				
STREET ADDRESS	4500 140TH AVENUE NORT	TH 101	l	ı	23 STRE						
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*TLE	VST Engelhardt, Paul D.		Прин		3.2 NAM		İ				
NAME	4500 140TH AVENUE NO 1	01					ADDRESS				
STREET ADDRESS CITY-ST-7IP	CLEARWATER FL			L	3.4 CITY	- \$1	- ZIP				
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STREET ADDRESS					5.4 CITY						
CITY - S1 - ZIP			DELETE		6. 1 TITI		-			Chan	ge 🔲 Addit
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	Į.				63STR	EET.	ADDRESS				
CITY CT 7ID	1				6.4 CIT				(40.07/20/13	Clorida C	atutoe I furthe
TITLE NAME STREET ADDRESS	by certify that the information supplie t the information indicated on this ar I am an officer or tirrector of the cor n Block 12 or Block 13 if changed):	d with t noual re poration	_	urnished nnual re stee em ddress.	6.2 NAN 6.3 STR 6.4 CIT	ME Left. Y-Si	T-ZIP	y for the exemption stated in Section trate and that my signature shall have this report as required by Chapter 607	(19.07(3)(k), the same le , Florida Sta		·

SIGNATURE: SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

(8/3) 539-760 L Deytnic Prone #