FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001232 (5)

HASMARK CORPORATION

Principal Pla	ce of Business	Mailing Address			<u> </u>		
		82 6TH STREET APALACHICOLA FL 3232	TH STREET LACHICOLA FL 32320-1751				
					3. Date Incorporated or Qualified 03/11/1996	3a. Date of Last Repo	rt
⊢ ¬ ′	Place of Business	2a. Mailing Address			4. FEI Number Applied Fo		
21		Suite, Apt. #, etc.			59-3356027	59-3356027 Not Applicable \$8.75 Additional	
Suite, Apr	i, #, titu	27 Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Requir	
City & Sta	ate	City & State	·		8. Election Campaign Financing	\$5.00 May	
23		28			Trust Fund Contribution	Added to Fe	
Ζιρ	Country	Zip	Cou	ntry	8. This corporation has liability for it		9.032
24	[25]	[29]	30			Yes No	
	9. Name and Address of Curre	nt Hegistered Agent		81 Name	10. Name and Address of New Re	istered Agent	
	DOPER, DEBORAH						
	: 6TH STREET PALACHICOLA FL 32320		82 Street Addres		dress (P.O. Box Number is Not Acceptab	e)	
AP	ALACHICOLA PL 32320			83		1	
•				<u> </u>	***************************************	11 0 .	
				84 City		FL 85 Zip Cod	e
office or	registered agent, or both, in the State am familiar with land accept the oblig	e of Florida. Such change was pations of, Section 607,0505, F	authorize lorida Sta	d by the corporations	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointment as regi	gistered
12.	Signature, systed or printed common of registered ag	icat and the it applicable INC ID DIRECTORS	TE Registere	d Agent signarure req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DIRECTORS IN	N 12
THE	PD	DELETE	1.1 T	TLE T	ADDITIONATION PROGESTO OF THE		Addition
NAME	RUTOSKEY, MITCH		1.2 N				-
STREET ADDRESS	** ****		138	TREET ADDRESS			
CITY-SI-ZIP	APALACHICOLA FL		1.4 0	TY-ST-ZIP			
TITLE	V	L_ DELETE	21 T	TLE		L Change [_	Addition
NAME	STEWART, DEBRA		22 N				
STREET ADDRESS			1	ireet address	•		;
CITY-ST-ZIP TITLE	EASTPOINT FL SD	DELETE	2.40 31 T	HTY-ST-ZIP		Change	Addition
NAME	COOPER, DEBORAH	E Dette It	3.2 N		•		
STREET ADDRESS				TREET ADDRESS			j
CITY-ST-ZIP	APALACHICOLA FL			ITY-ST-ZIP			
TITLE	CD	☐ DELETE	4.1 T			Change	Addition
NAME	STEWART, HAROLD L		4. 2 1	IAME			
STREET ADORESS			4.3 S	TREET ADDRESS			
CITY-ST ZIP	EASTPOINT FL			ITY-ST-ZIP			4
THILE	TO	☐ DELETE	5.1 1	ì		Change	Addition
NAME	STEWART, HAL		5.2 N				
STREET ADDRESS				TREET ADDRESS			
City - ST - ZIP TITLE	EASTPOINT FL	DELETE	5.4 C 6.1 T	ITY-S(-2IP		Change	Addition
		ב טגנונ	6.1 I			L. J Ollange L	_i noulion
NAME STREET ADDRESS				TREET ADDRESS			ļ

6.4 CITY - ST- ZIP

SIGNATURE:

14. I do hereby certify that the information supplied with this fling 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. 904-653-9080

FILED

Jan 22 1997 8:00am

Secretary of State

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