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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 1:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G12609 (5)

1. Corporation Name
HALLMARK CONSTRUCTION OF MARION COUNTY, INC.

Principal Place of Business
**2226 E SILVER SPRGS. BLVD.
OCALA FL 32670**

Mailing Address
**2226 E SILVER SPRGS. BLVD.
OCALA FL 32670**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/08/1982** 3a. Date of Last Report **04/20/1994**

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	4. FEI Number 59-2364511 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	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ETHRIDGE, MICHAEL E
2226 E SILVER SPRGS. BLVD.
OCALA FL 32670**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	ETHRIDGE, MICHAEL E	1.2 NAME	
STREET ADDRESS	2226 E SILVER SPGS BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	ELLISON, DENVER L	2.2 NAME	
STREET ADDRESS	2226 E SILVER SPGS BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA, FL 00000	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 110.07(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:

Denver L. Ellison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENVER L. ELLISON

April 24, 1995
DATE

944-732-8550
TELEPHONE NUMBER