

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

DOCUMENT # G32054

(0)

1. Corporation Name

RLS SERVICES, INC.

Principal Place of Business

Mailing Address

**3223 THOMPSON ROAD
LAKELAND FL 33801
US**

**P.O. BOX 656
LAKELAND FL 33802
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1983

3a. Date of Last Report

05/24/1994

4. FEI Number

59-2388656

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 § 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GRIMM, SCOTT A
3223 THOMPSON ROAD
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

(Signature typed in the first line of registration report in the top right corner)

(Signature typed in the first line of registration report in the top right corner)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRIMM, SCOTT A
STREET ADDRESS	3223 THOMPSON ROAD
CITY, ST, ZIP	LAKELAND, FL 00000
TITLE	V
NAME	GRIMM, ERIC
STREET ADDRESS	1400 W. LAKE BONNY DRIVE
CITY, ST, ZIP	LAKELAND FL
TITLE	V
NAME	BROOKS, JOHN
STREET ADDRESS	1420 W. LAKE BONNY DRIVE
CITY, ST, ZIP	LAKELAND FL
TITLE	S
NAME	GRIMM, CHRISTINE M
STREET ADDRESS	920 WEDGEWOOD LANE
CITY, ST, ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 199.0306, Florida Statutes. I further certify that the information is correct for 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 13 of this report, signed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.95

Date

813-665-2582

Telephone Number

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **G33923**

(5)

1. Corporation Name

HALLMARK HOLDINGS, INC.

APPROVED
4/14/95

FILED IN 10:59

STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **767 3RD AVE
34TH FLOOR
NEW YORK NY 10017
US**

Mailing Address: **767 3RD AVE
34TH FLOOR
NEW YORK NY 10017
US**

2. Principal Place of Business: **767 3RD AVE
34TH FLOOR
NEW YORK NY 10017
US**

2a. Mailing Address: **767 3RD AVE
34TH FLOOR
NEW YORK NY 10017
US**

21. State: **NY**

22. City: **NY**

23. Country: **US**

24. State: **NY**

25. City: **NY**

26. Country: **US**

27. State: **NY**

28. City: **NY**

29. Country: **US**

30. State: **NY**

31. City: **NY**

32. Country: **US**

3. Date incorporated or organized: **04/14/1983**

3a. Date of Last Report: **03/25/1994**

4. FIC Number: **59-1748857**

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. 199.01, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**STRICKROOT, JOHN C., ESQ.
THE COURTHOUSE CENTER BUILDING
175 N.W. 1ST AVENUE
MIAMI FL 33128**

10. Name and Address of New Registered Agent

81. Name: **STRICKROOT, JOHN C., ESQ.**

82. Street Address (P.O. Box Number is Not Acceptable): **THE COURTHOUSE CENTER BUILDING**

83. City: **MIAMI**

84. State: **FL**

85. Zip Code: **33128**

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 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* Date: **4/14/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: **CRUM, JOHN**

2. STREET ADDRESS: **767 3RD AVE, 34TH FLOOR**

3. CITY, ST., ZIP: **NEW YORK NY**

4. NAME: **ROBBINS, SCOTT D**

5. STREET ADDRESS: **767 3RD AVE, 34TH FLOOR**

6. CITY, ST., ZIP: **NEW YORK NY**

7. NAME: **GUZMAN, VIVIANNA**

8. STREET ADDRESS: **767 3RD AVE, 34TH FLOOR**

9. CITY, ST., ZIP: **NEW YORK NY**

10. NAME: **HOLDSEY, JEFFREY**

11. STREET ADDRESS: **767 THIRD AVENUE, 3215 FLOOR**

12. CITY, ST., ZIP: **NEW YORK, N.Y. 10017**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.01(2)(b) Florida Statutes. I further certify that the information is true and correct 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 registered agent or person responsible for the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing.

SIGNATURE: *[Signature]* DATE: **4/14/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR