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Jan 29 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 # **J32125** **(3)**

1. Corporation Name
HALLMARK MORTGAGE SERVICES, INC.

Principal Place of Business	Mailing Address
~~3802 EHRLICH RD., #307~~ ~~TAMPA FL 33624~~ US 14310 N.Dale Mabry Suite 280, Tampa, FL 33618	~~3802 EHRLICH ROAD, #307~~ ~~P.O. BOX 272065~~ ~~TAMPA FL 33688-2065~~ US

3. Date Incorporated or Qualified: 09/02/1986
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2714660 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HALL, KAY S. ~~3802 EHRLICH RD., #307~~ 5260 Tuna Lane ~~TAMPA FL 33624~~ Springhill Fl 34607	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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HALL, KAY S.		1.2 NAME	
STREET ADDRESS	~~3802 EHRLICH RD #307~~ 5260 Tuna Lane		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL~~ Springhill Fl 34607		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HALL, JERRY W.		2.2 NAME	
STREET ADDRESS	~~3802 EHRLICH RD #307~~ 5260 Tuna Lane		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL~~ Springhill Fl 34607		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ATKINS, BONNY L		3.2 NAME	
STREET ADDRESS	~~3802 EHRLICH ROAD, STE. 307~~ 4005 HUXFORD CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL 33624~~ TAMPA FL 33624		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RIPLEY, J. ROBERT		4.2 NAME	
STREET ADDRESS	415 SOUTH FLORIDA BLANCA		4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WOODARD, SHERRI		5.2 NAME	
STREET ADDRESS	5098-98TH WAY NORTH		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33708		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HOLLOWAY, ANDRA		6.2 NAME	
STREET ADDRESS	2225 KNIGHTS ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: X Jerry W. Hall REQUIRED 1/21/97 352-597-3268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0371478