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FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
14310 N DALE MABRY STE 280 TAMPA FL 33618 US	~~9002 EHRLICH ROAD #307~~ P.O. BOX 272065 TAMPA FL 33688 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 272065
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Tampa, FL
Zip / Country 24 / 25	Zip / Country 29 33688 / 30 US

3. Date Incorporated or Qualified: 09/02/1986

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HALL, KAY S.
5620 TUNA LN
SPRINGHILL FL 34607

10. Name and Address of New Registered Agent

81 Name: KAY S. HALL
82 Street Address (P.O. Box Number is Not Acceptable): 4470 LA JOLLA
83
84 City: PENSACOLA FL 85 Zip Code: 32504

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 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	PTD	☐ DELETE	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	HALL, KAY S.		1.2 NAME	HALL, KAY S.	
STREET ADDRESS	5260 TUNA LN		1.3 STREET ADDRESS	4470 LA JOLLA	
CITY-ST-ZIP	SPRINGHILL FL		1.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	SD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HALL, JERRY W.		2.2 NAME		
STREET ADDRESS	5260 TUNA LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL		2.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ATKINS, BONNY L		3.2 NAME		
STREET ADDRESS	4005 HUXFORD CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		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	VP	☐ Change ☐ Addition
NAME	HOLLOWAY, ANDRA		6.2 NAME	RICK A JENKINS	
STREET ADDRESS	2225 KNIGHTS ROAD		6.3 STREET ADDRESS	14310 N. DALE MABRY #280	
CITY-ST-ZIP	WINTER HAVEN FL 33880		6.4 CITY-ST-ZIP	TAMPA, FL 33618	

CR2E034 (10/97)

14. I 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: [signature] 1/12/98 Esq. 933-1865