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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J32125

1. Corporation Name

HALLMARK MORTGAGE SERVICES, INC.

Principal Place of Business

**14310 N DALE MABRY
STE 280
TAMPA FL 33618
US**

Mailing Address

**P O BOX 272065
P.O. BOX 272065
TAMPA FL 33688
US**

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**HALL, KAY S.
4470 LA JOLLA
PENSACOLA FL 32504**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
HALL, KAY S.
4470 LA JOLLA
PENSACOLA FL 32504** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HALL, JERRY W.
5260 TUNA LANE
SPRINGHILL FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ATKINS, BONNY L
4005 HUXFORD CT
TAMPA FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RIPLEY, J. ROBERT
415 SOUTH FLORIDA BLANCA
PENSACOLA FL 32501** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WOODARD, SHERRI
5098-98TH WAY NORTH
ST. PETERSBURG FL 33708** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JENKINS, RICK A
14310 N DALE MABRY #280
TAMPA FL 33618** ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**VP
TRACY L. CAMP
1003 S ALEXANDER ST. SUITE 2
PLANT CITY, FL 33566** ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)