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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J49661 (8)

1. Corporation Name

HALLMARK PARTNERS, INC.



Principal Place of Business

7800 BELFORT PARKWAY
#235
JACKSONVILLE FL 32256

Mailing Address

7800 BELFORT PARKWAY
#235
JACKSONVILLE FL 32256

2. Principal Place of Business

2a. Mailing Address

21 8917 Western Way

26 8917 Western Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 6

27 Suite 6

City & State

City & State

23 Jacksonville, Florida

28 Jacksonville, Florida

Zip

Country

Zip

Country

24 32256

25 Duval

29 32256

30 Duval

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONN, JEFFREY A.
7800 BELFORT PARKWAY
SUITE 235
JACKSONVILLE FL 32256

81 Name

Jeffrey A. Conn

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

8917 Western Way, Suite 6

83

84 City

Jacksonville,

FL

85

Zip Code

32256

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME COLEY, W. ALEX CFA
STREET ADDRESS 7800 BELFORT PARKWAY 235
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE DVST ☐ DELETE

NAME CONN, JEFFREY A.
STREET ADDRESS 7800 BELFORT PARKWAY 235
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE XX Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

8917 Western Way, Suite 6
Jacksonville, FL 32256

2.1 TITLE XX Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

8917 Western Way, Suite 6
Jacksonville, FL 32256

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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: W. Alex Coley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 904-363-9002

Date

Daytime Phone #

CR2E034 (12/95)