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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M95874

(7)

1. Corporation Name

HALLMARK REAL ESTATE OF LIVE OAK, INC.

Principal Place of Business

119 SOUTH OHIO AVENUE
LIVE OAK FL 32060

Mailing Address

119 SOUTH OHIO AVENUE
LIVE OAK FL 32060-3211



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

08/24/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2976492

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

CORRIGAN, SHARON L.
119 SOUTH OHIO AVENUE
LIVE OAK FL 32060

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 DPV
NAME CORRIGAN, SHARON L.
STREET ADDRESS 119 SOUTH OHIO AVENUE
CITY-ST-ZIP LIVE OAK FL

☐ DELETE

TITLE D
NAME HOSLEY, JEANNIE F.
STREET ADDRESS P.O. BOX 500
CITY-ST-ZIP LAKE CITY FL

☒ DELETE

TITLE D
NAME SWEAT, JANET L.
STREET ADDRESS P.O. BOX 2155, NA
CITY-ST-ZIP LAKE CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

☐ Change

☐ Addition

2.1 TITLE D
2.2 NAME Elizabeth H. Tyler
2.3 STREET ADDRESS 104 S. Hernando St.
2.4 CITY-ST-ZIP Lake City, Florida 32025

☐ Change

☒ Addition

3.1 TITLE D
3.2 NAME Janet L. Sweat Creel
3.3 STREET ADDRESS Rt. 4 Box 94-6
3.4 CITY-ST-ZIP Lake City, Florida 32025

☒ 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 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

Sharon L. Corrigan

April 9 1997 (904) 364-6600

CR2E034 (9/96)