FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M95874

1. Corporation Name

HALLMARK REAL ESTATE OF LIVE OAK, INC.

Principal Place of Business		Mailing Address					I (
119 SOUTH OHIO AVENUE		119 SOUTH OHIO AVENUE								
LIVE OAK FL 32060		LIVE OAK FL 32060					DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THE CRACE		
{							3. Date Incorporated or Qualifed	-		
							08/24/1988			
2 Principal P	lace of Business	2a. Mailing A	Address			-	4. FEI Number Applied For	-		
21	lace of business	26					59-2976492 Not Applicable			
Suite, Apt.	#. etc.	Suite, Ap	ot. #, etc.				\$8.75 Additional	_		
22		27					5. Certificate of Status Desired Fee Required			
City & Stat	e	City & St	ate				6. Election Campaign Financing S5.00 May Be S	_		
23		28					Trust Fund Contribution Added to Fees	\		
Zip	Country	Zip		Coun	ntry		8. This corporation owes the current year Intangible			
24	25	29	30	ו			Personal Property Tax.	`		
	9. Name and Address of Current	Registered Age	ent				10. Name and Address of New Registered Agent	_		
				-	81	Name	•			
	RIGAN, SHARON L.			ŀ	82	Street Ad	address (P.O. Box Number is Not Acceptable)	-		
1	SOUTH OHIO AVENUE	ou out Addi				0,,000,100	,	_		
LIVE	OAK FL 32060			[83					
}				-	84	City	85 Zip Code	_		
				ľ	04	City	FL S Z F C C C C C C C C C			
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such c	hange was auth	orized	by t	the corpora	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered			
	in familial with and decept the congen	J115 07, Q0011017 0								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	grstered A	Agent	t signature requ	quired when reinstating) DATE	_		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_		
TITLE	DPV		OELETE	1.1 TITU	LE		☐ Change ☐ Addition	n		
NAME	CORRIGAN, SHARON L.			1.2 NA	ME					
STREET ADDRESS	119 SOUTH OHIO AVENUE			1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	LIVE OAK FL			1.4 CITY-ST-ZIP		-ZIP		_		
TITLE	D		DELETE	2.1 TITLE			☐ Change ☐ Addition	П		
NAME	TYLER, ELIZABETH H			2.2 NAME						
STREET ADDRESS	104 S HERNANDO STREET		• • • •	2.3 STREET ADDRESS		ADDRESS	•			
CITY-ST-ZIP	LAKE CITY FL	•		2.4 CITY-ST-ZIP		T-ZIP		_		
TITLE	D		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	n		
NAME	SWEAT CREEL, JANET L			3.2 NAME						
STREET ADDRESS	RT 4 BOX 94-6			3.3 STREET ADDRES		ADDRESS				
CITY-ST-ZIP	LAKE CITY FL			3.4. CIT	TY-\$1	T-ZIP				
TITLE			_ DELETE	4.1 TITL	LE		☐ Change ☐ Addition	n		
NAME				4. 2 NA	ME	1				
STREET ADDRESS				4.3 STF	REET	ADDRESS				

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.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

7MLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

☐ Change

Addition

☐ Addition

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90146 030 ***150.00