**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

4-26-95

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

B-454

APPROVED AND FILED

95 APR 26 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061944 (3)

1. Corporation Name

H-MARK REALTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1999 LINCOLN DR.<br>SUITE 200<br>SARASOTA FL 34236<br>US | 1999 LINCOLN DR.<br>SUITE 200<br>SARASOTA FL 34236<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/30/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1748 Independence Blvd
22 Suite, Apt. #, etc.: Suite G-4
23 City & State: Sarasota, Fl
24 Zip: 34234
25 Country: US

2a. Mailing Address
26: 1748 Independence Blvd
27 Suite, Apt. #, etc.: Suite G4
28 City & State: Sarasota, Fl
29 Zip: 34234
30 Country: US

4. FEI Number: 65-0438328 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLOMSTER, DEBORA R
1999 LINCOLN DR.
SUITE 200
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: BLOMSTER, DEBORA R
82 Street Address (P.O. Box Number is Not Acceptable): 1748 Independence Blvd G-4
83
84 City: Sarasota **FL** 85 Zip Code: 34234

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: DEBORA R. BLOMSTER — Debora R. Blomster — 4-20-95
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 | D | 1.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | BLOMSTER, DEBORA R | 1.2 NAME | BLOMSTER, DEBORA R. | |
| STREET ADDRESS | 1999 LINCOLN DR., SUITE 200 | 1.3 STREET ADDRESS | 1748 INDEPENDENCE BLVD G-4 | |
| CITY-ST-ZIP | SARASOTA FL | 1.4 CITY-ST-ZIP | Sarasota FL 34234 | |
| TITLE | | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | |
| TITLE | | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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:** DEBORA R. Blomster — Debora R. Blomster — 813-923-5796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-20-95

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