


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

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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000013874 (9)**

1. Corporation Name  
**HALLMARK STATIONS, INC.**

Principal Place of Business

**2865 EXECUTIVE DR.  
CLEARWATER FL 34622**

Mailing Address

**2865 EXECUTIVE DR.  
CLEARWATER FL 34622-3316**



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

**RICE, MARTIN E  
696 FIRST AVENUE NORTH  
STE 400  
ST PETERSBURG FL 33701**

81 Name

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

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**02/16/1995**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-3306491**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME **DP  
RISSE, P.N. III**  
STREET ADDRESS **2865 EXECUTIVE DRIVE**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **S  
COPPRWHEAT, JACQUELYN**  
STREET ADDRESS **3865 EXECUTIVE DRIVE**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **V  
MITCHELL, BRUCE**  
STREET ADDRESS **2865 EXECUTIVE DRIVE**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **V  
KATCHUK, KERRY**  
STREET ADDRESS **2865 EXECUTIVE DRIVE**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME **T  
CURRAN, JOHN**  
STREET ADDRESS **2865 EXECUTIVE DRIVE**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**COPPERWHEAT, JACQUELYN**  
**2865 Executive Dr.**

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:

*Jacquelyn M. Copperwheat*  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

**4/8/97 (813) 573-4000**  
Telephone #

CR2E034 (9/96)