

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90211 014 \*\*\*150.00

0397420

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P95000049957

1. Corporation Name  
HALLMARK ENTERPRISES INC.

Principal Place of Business

6304 BENJAMIN RD  
STE 506-A  
TAMPA FL 33634

Mailing Address

6304 BENJAMIN RD  
STE 506-A  
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6304 BENJAMIN RD # 506-A

Suite, Apt. #, etc.

22 # 506-A

City & State

23 TAMPA, FL

Zip

24 33634

Country

25 Hillsborough

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

HALLMARK, LINDA  
14012 TROUVILLE DR  
TAMPA FL 33624

3. Date Incorporated or Qualified

06/26/1995

4. FEI Number

59-3328114

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 owes the current year Intangible

Personal Property Tax.

Yes

No

10. Name and Address of New Registered Agent

81 Name

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

9206 BAY CLUB CT

83

84 City

TAMPA

FL

85

Zip Code

33607

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 P ☐ DELETE

NAME HALLMARK, LINDA  
STREET ADDRESS 14012 TROUVILLE DR  
CITY-ST-ZIP TAMPA FL 33624

TITLE VP ☐ DELETE

NAME WALTHER, DENICE  
STREET ADDRESS 5416 DEERBROOKE CREEK CIR #9  
CITY-ST-ZIP TAMPA FL 33624

TITLE T ☐ DELETE

NAME HALLMARK, JIM C  
STREET ADDRESS 14012 TROUVILLE DR  
CITY-ST-ZIP TAMPA FL 33624

TITLE S ☐ DELETE

NAME HALLMARK, CHAD  
STREET ADDRESS 9408 LAKE PLACE LN  
CITY-ST-ZIP TAMPA FL 33634

TITLE VP ☐ DELETE

NAME HALLMARK, NASON C  
STREET ADDRESS 14012 TROUVILLE DRIVE  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 9206 BAY CLUB CT.  
1.4 CITY-ST-ZIP TAMPA, FL 33607

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 1346 MAXIMILIAN DR.  
2.4 CITY-ST-ZIP Wesley Chapel, FL 33543

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 9206 BAY CLUB CT.  
3.4 CITY-ST-ZIP TAMPA, FL 33607

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 VP HALLMARK JASON  
5.4 CITY-ST-ZIP 9206 BAY CLUB CT.  
TAMPA, FL 33607

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE

Linda Hallmark (LINDA HALLMARK)

Date

4/15/99

813-806-0396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)