## 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 # P98000092789

1. Corporation Name

HALLMARK HOME FOODS, INC.

## Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90243 047 \*\*\*150.00



				***					
Principal Place of Business Mailing Address									
412 CINNAMON OAK CT 412 CINNAMON OAK CT			_						
LAKE MARY FL 32746  LAKE MARY FL 32746				•		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						10/30/1998			ļ
2. Principal Pl	$\overline{}$	<del></del>		4. FEI Number	<del></del>	App	lied For		
2. Principal Place of Business 21 1200 State Road 434 W 26 1200 State				d 434	$\omega$	<u> 59-35377/</u>	3	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					-	5Certifcate of Status Desired	<b>□</b> -	\$8.75 A	į.
22 Suite 112 27 Suite 112								Fee Rec	
City & State  City & State  City & State  28 Longwood, RL  28 Longwood,				_		6. Election Campaign Financing		\$5.00 N Added to	
				rv		Trust Fund Contribution  8. This corporation owes the curre	nt vear inta		71863
24 3275				mino	10	Personal Property Tax.			□No
14 Ja/5	9. Name and Address of Current			777	<u>,                                    </u>	10. Name and Address of New Ro			
			8	1 Name					
RUSSI, DAVID T JR.				2 Street	Addres	ss (P.O. Box Number is Not Acceptat	ole)		
412 CINNAMON OAK CT LAKE MARY FL 32746									
LANE	: MART FL 32/40		8	3					
			8	4 City			FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508. Florida Statutes,	the abo	ve-named	corpor	ation submits this statement for the p	nurnose of c	hanging its	registered
office or re	to the provisions of Sections 607,0502 egistered agent, of both, in the State of n familiar with, and accept the poligation	Florida, Such change was authorida	orized b	y the corp	oration	's board of directors. I hereby accept	the appoin	ment as reg	istered
	De Tilian	David To VUK	1.1	P 7	Prokl	dest	2/25/	99	]
SIGNATURE Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.				ent signature i	required w		DATE		
12.	OFFICERS AND		13.		_	ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	RS IN 12
TITLE	PTD	☐ DELETÉ	1,1 TITLE					change	Addison
NAME	RUSSI, DAVID T JR.		1.2 NAM		1				ļ
STREET ADDRESS	412 CINNAMON OAK CT			ET ADDRESS					
CITY-ST-ZIP	LAKE MARY FL 32746 S	DELETE	1.4 CITY		+			Change	Addition
TITLE	<del>-</del>		2.1 MAM						
NAME	RUSSI, STEPHANIE A 412 CINNAMON OAK CT								
STREET ADDRESS	LAKE MARY FL 32746		.2.4 CITY	ET ADDRESS					Ì
CITY-ST-ZIP	CANE MARTIE 32140	DANE MART PL 32/40			-	<del></del>		Change	Addition
NAME	•		3.2 NAMI						Y
STREET ADDRESS				ET ADDRESS					
CITY-\$T-ZIP			3.4, CITY	-ST-ZIP					,
TITLE		☐ DELETE	4.1 TITLE		1 -			Change	Addition
NAME			4. 2 NAW	ΉΕ		•			
STREET ADDRESS		,	4.3 STRE	ET ADDRESS	:				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	l			-	
TITLE		☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME			5.2 NAM	E					
STREET ADDRESS			5.3 STR	ET ADDRESS					-
CITY-ST-ZIP			5.4 CITY		1				
TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAM						
STREET ADDRESS				EET ADDRESS	1				
CITY-ST-ZIP		_	6.4 CITY	-ST-ZIP	1				

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 or an attachment with an address, with all other like empowered.

SIGNATURE: