

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

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90149 033 ***158.75



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **V48711**

1. Corporation Name
HALLMARK CONSTRUCTION MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1510-A SOUTH SECOND STREET
 JACKSONVILLE BEACH FL 32250
 US

Mailing Address
 1510-A SOUTH SECOND STREET
 JACKSONVILLE BEACH FL 32250
 US

3. Date Incorporated or Qualified
07/01/1992

4. FEI Number
59-3131784

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

2. Principal Place of Business
 21 **424 S. 3RD ST.**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **424 S. 3RD ST.**
 Suite, Apt. #, etc.

22 City & State
 23 **JACKSONVILLE BEACH, FL**

27 City & State
 28 **JACKSONVILLE BEACH, FL**

24 Zip **32250** 25 Country **US**
 29 Zip **32250** 30 Country **US**

9. Name and Address of Current Registered Agent
HOWE, ANDREW M
 1510-A SOUTH SECOND STREET
 JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent
 81 Name
ANDREW M. HOWE
 82 Street Address (P.O. Box Number is Not Acceptable)
424 S. 3RD ST
 83
 84 City
JACKSONVILLE BEACH FL 85 Zip Code
32250

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
C	MANNA, ANTHONY 159 S MAIN STREET, SUITE 600 AKRON OH 44308		
PD	HOWE, ANDREW M 8081 PHILLIPS HWY #17 JACKSONVILLE FL	2.1 TITLE	2.2 NAME
ST	WALKO, LEE S 159 S MAIN ST, SUITE 600 AKRON OH 44308	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
VP	RICHART, J CULLEN 10404 BRIGANTINE RD TAMPA FL	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

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: [Signature] **3/4/99** **904-270-0270**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (11/98)