

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 MAY -1 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 380614

1. Corporation Name

FIRST HALIFAX CORPORATION

Principal Place of Business

Mailing Address

600001803526  
-05/01/96--01090--010  
\*\*\*\*208.75 \*\*\*\*208.75

3. Date Incorporated or Qualified 4/16/71	3a. Date of Last Report 4/26/95
4. FEI Number 59-1370721	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 FDIC-100 Colony Sq. Box 68 Suite Apt #, etc	26 FDIC-100 Colony Sq. Box 68 Suite Apt # etc
22 Ste. 2200 City & State	27 Ste. 2200 City & State
23 Atlanta, GA Zip	28 Atlanta, GA Zip
24 30361 Country	29 30361 Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 South Pine Island Rd.  
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 \_\_\_\_\_ (Typed or printed name of registered agent and title of agent) (Typed Name of Registered Agent required when not starting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Lawrence W. Lockwood	
13 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200	
14 CITY - ST - ZIP	Atlanta, GA. 30361	
21 TITLE	D/VP/AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Patricia J. Ray	
23 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200	
24 CITY - ST - ZIP	Atlanta, GA. 30361	
31 TITLE	D/VP/AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Charles P. Farrell, Jr.	
33 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200	
34 CITY - ST - ZIP	Atlanta, GA. 30361	
41 TITLE	D/VP/AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Scott W. Chandler	
43 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200	
44 CITY - ST - ZIP	Atlanta, GA. 30361	
51 TITLE	D/SJT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	John P. Rossetti	
53 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2200	
54 CITY - ST - ZIP	Atlanta, GA. 30361	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: Lawrence W. Lockwood  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lawrence W. Lockwood - President

4-18-96 404 870-7050  
Date Filed

CR2E034 (12/95)