

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

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # 380614 (8)**  
 1. Corporation Name  
**FIRST HALIFAX CORPORATION**



Principal Place of Business <b>FDIC-100 COLONY SQ. BOX 68          SUITE 2200          ATLANTA GA 30361          US</b>	Mailing Address <b>FDIC-100 COLONY SQ. BOX 68          SUITE 2200          ATLANTA GA 30301-0068          US</b>
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3. Date Incorporated or Qualified <b>04/16/1971</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1370721</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 21 <b>FDIC-1201 W. Peachtree St.</b> Suite, Apt. #, etc. 22 <b>Suite 1800</b> City & State 23 <b>Atlanta, GA</b> Zip 24 <b>30309</b>	Country 25 <b>U.S.</b>	2a. Mailing Address 26 <b>FDIC-1201 W. Peachtree St.</b> Suite, Apt. #, etc. 27 <b>Suite 1800</b> City & State 28 <b>Atlanta, GA</b> Zip 29 <b>30309</b>	Country 30 <b>U.S.</b>
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9. Name and Address of Current Registered Agent  
**CT CORPORATON SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LOCKWOOD, LAWRENCE W	
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68	
CITY- ST- ZIP	ATLANTA GA 30361	
TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	RAY, PATRICIA J	
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68	
CITY- ST- ZIP	ATLANTA GA 30361	
TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	FARRELL, CHARLES P	
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68	
CITY- ST- ZIP	ATLANTA GA 30361	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	CHANDLER, SCOTT V	
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68	
CITY- ST- ZIP	ATLANTA GA 30361	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	ROSSETTI, JOHN P	
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68	
CITY- ST- ZIP	ATLANTA GA 30361	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	FDIC-1201 W. Peachtree St., Suite 1800
1.4 CITY- ST- ZIP	Atlanta, GA 30309
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	FDIC-1201 W. Peachtree St., Suite 1800
2.4 CITY- ST- ZIP	Atlanta, GA 30309
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	FDIC-1201 W. Peachtree St., Suite 1800
3.4 CITY- ST- ZIP	Atlanta, GA 30309
4.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gary L. Thompson
4.3 STREET ADDRESS	FDIC-1201 W. Peachtree St., Suite 1800
4.4 CITY- ST- ZIP	Atlanta, GA 30309
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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: Lawrence W. Lockwood (404) 817-2569  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)