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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

FDIC-100 COLONY SQ. BOX 68  
SUITE 2200  
ATLANTA GA 30361  
US

Mailing Address

FDIC-100 COLONY SQ. BOX 68  
SUITE 2200  
ATLANTA GA 30301-0068  
US



2. Principal Place of Business

21 FDIC-1201 W. Peachtree St.

Suite, Apt. #, etc.  
Suite 1800

City & State  
23 Atlanta, GA

Zip

24 30309

Country

25 U.S.

2a. Mailing Address

26 FDIC-1201 W. Peachtree St.

Suite, Apt. #, etc.  
Suite 1800

City & State  
28 Atlanta, GA

Zip

29 30309

Country

30 U.S.

3. Date Incorporated or Qualified

04/16/1971

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1370721

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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

FL

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

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 DP ☐ DELETE  
NAME LOCKWOOD, LAWRENCE W  
STREET ADDRESS FDIC-100 COLONY SQ. BOX 68  
CITY- ST- ZIP ATLANTA GA 30361

TITLE DVAS ☐ DELETE  
NAME RAY, PATRICIA J  
STREET ADDRESS FDIC-100 COLONY SQ. BOX 68  
CITY- ST- ZIP ATLANTA GA 30361

TITLE DVAS ☐ DELETE  
NAME FARRELL, CHARLES P  
STREET ADDRESS FDIC-100 COLONY SQ. BOX 68  
CITY- ST- ZIP ATLANTA GA 30361

TITLE DVP ☒ DELETE  
NAME CHANDLER, SCOTT V  
STREET ADDRESS FDIC-100 COLONY SQ. BOX 68  
CITY- ST- ZIP ATLANTA GA 30361

TITLE DST ☒ DELETE  
NAME ROSSETTI, JOHN P  
STREET ADDRESS FDIC-100 COLONY SQ. BOX 68  
CITY- ST- ZIP ATLANTA GA 30361

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 FDIC-1201 W. Peachtree St., Suite 1800  
1.4 CITY- ST- ZIP Atlanta, GA 30309

2.1 TITLE ☒ Change ☐ 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 ☒ Change ☐ 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 ☐ Change ☒ 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 ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

(404) 817-2569

Daytime Phone #

CR2E034 (9/96)