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

DOCUMENT # 398474

1. Corporation Name
MAGNOLIA SERVICE CORPORATION

400001817784
-05/13/96--01019--002
***208.75

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 3/31/72
3a. Date of Last Report: 4/7/95

2. Principal Place of Business
21 FDIC- 100 Colony Sq. BOx 68
Suite Apt. # or Bldg. Code
22 Ste. 2200
City & State
23 Atlnata, GA
Zip 24 30361 Country 25 USA

2a. Mailing Address
26 FDIC- 1100 Colony Sq. BOx 68
Suite Apt. # or Bldg. Code
27 Ste. 2200
City & State
28 Atlanta, GA.
Zip 29 30361 Country 30 USA

4. FEI Number: 59-1387251 — 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 CORPORATION SYSTEM
1200 South Pine Island Rd.
Plantation, FL 33324

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/P Lawrence W. Lockwood 100 Colony Sq. Box 68 Ste. 2200 Atlanta, GA. 30361 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/VP/AS Patricia J. Ray 100 Colony Sq. Box 68 Ste. 2200 Atlanta, GA. 30361 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/VP/AS Charles P. Farrell, JR. 100 Colony Sq. Box 68 Ste. 2200 Atlanta, GA. 30361 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/VP/AS Scott W. Chandler 100 Colony Sq. BOx 68 Ste. 2200 Atlanta, GA. 30361 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D/S/T John P. Rossetti 100 Colony Sq. Box 68 Ste. 2200 Atlanta, GA. 30361 — ☐ Change ☐ Addition

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 — 4-18-96 — 904-870-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lawrence W. Lockwood - President

CR2E034 (12/95)

AL 5/1/96