FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 11 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 # **398474** **(7)**

1. Corporation Name
MAGNOLIA SERVICE CORPORATION

Principal Place of Business	Mailing Address
FDIC-100 COLONY SQ. BOX 68 STE 2200 ATLANTA GA 30361 US	FDIC-100 COLONY SQ. BOX 68 STE 2200 ATLANTA GA 30301-0068 US

3. Date Incorporated or Qualified: 03/31/1972
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 FDIC-1201 W. Peachtree St.	26 FDIC-1201 W. Peachtree St.
Suite, Apt. #, etc. 22 Suite 1800	Suite, Apt. #, etc. 27 Suite 1800
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA
Zip 24 30309	Zip 29 30309
Country 25 U.S.	Country 30 U.S.

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 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 607.1508, 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 / STREET ADDRESS / CITY-ST-ZIP	DP LOCKWOOD, LAWRENCE W FDIC-100 COLONY SQ. BOX 68 ATLANTA GA 30361	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition	FDIC-1201 W. Peachtree St., Suite 1800 Atlanta, GA 30309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPA RAY, PATRICIA J FDIC-100 COLONY SQ. BOX 68 ATLANTA GA 30361	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DVAS ☒ Change ☐ Addition	FDIC-1201 W. Peachtree St., Suite 1800 Atlanta, GA 30309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPA FARRELL, CHARLES P. FDIC-100 COLONY SQ. BOX 68 ATLANTA GA 30361	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DVAS ☒ Change ☐ Addition	FDIC-1201 W. Peachtree St., Suite 1800 Atlanta, GA 30309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPA CHANDLER, SCOTT W FDIC-100 COLONY SQ. BOX 68 ATLANTA GA 30361	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DST ☐ Change ☒ Addition	Gary L. Thompson FDIC-1201 W. Peachtree St., Suite 1800 Atlanta, GA 30309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVAS CHANDLER, DEBORAH 245 PEACHTREE CENTER AVE., SUITE 1100 ATLANTA GA	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ROSSETTI, JOHN P FDIC-100 COLONY SQ. BOX 68 ATLANTA GA 30361	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (9/96)

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 3-18-97 (404) 817-2569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lawrence W. Lockwood, President

0011480