

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 # P41039 (9)

1. Corporation Name
MARTIN SURVEY ASSOCIATES, INC.



Principal Place of Business: **106 G MAIN - 8720 MAIN STREET, STE D SUITE 130, WOODSTOCK GA 30188 US**
Mailing Address: **106 G MAIN - 8720 MAIN STREET, STE D SUITE 130, WOODSTOCK GA 30188 US**

21	8720 MAIN STREET	26	8720 MAIN STREET
22	SUITE 130	27	SUITE 130
23	WOODSTOCK, GA	28	WOODSTOCK, GA
24	30188	29	30188
25	U.S.	30	U.S.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/13/1992	05/23/1995
4. FEI Number	Applied For
41-1455840	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MALONE, WILLIAM C. G. 4945 HIGHWAY 273 GRACEVILLE FL 32440		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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, GARY D.	1.2 NAME	
STREET ADDRESS	3929 MAXANNE CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENNESAW GA	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, SHARON R.	2.2 NAME	
STREET ADDRESS	3929 MAXANNE CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENNESAW GA	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODICA, CARRIE L	3.2 NAME	
STREET ADDRESS	2074 LAUREL COVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALL GROUND GA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Carrice L. Modica* DATE: 4/15/96 (770) 924-1344

CR2E034 (12/95)