

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P11556 (8)

1. Corporation Name

THE MARTIN AGENCY, INC.

Principal Place of Business

500 NORTH ALLEN AVENUE
RICHMOND VA 23220

Mailing Address

500 NORTH ALLEN AVENUE
RICHMOND VA 23220



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1986		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-0789050		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25	Country	30	Country				

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JOHN B., JR.	1.2 NAME	Chairman & CEO, & Dir.
STREET ADDRESS	500 NORTH ALLEN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23220	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRAN, RENE J.	2.2 NAME	
STREET ADDRESS	500 NORTH ALLEN AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23220	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, PAUL V.	3.2 NAME	
STREET ADDRESS	500 NORTH ALLEN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23220	3.4 CITY-ST-ZIP	
TITLE	DC	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, HARRY M., JR.	4.2 NAME	Chairman Emeritus, Dir.
STREET ADDRESS	500 NORTH ALLEN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23220	4.4 CITY-ST-ZIP	
TITLE	DM	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, JAMES R.	5.2 NAME	President, Dir.
STREET ADDRESS	500 NORTH ALLEN AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23220	5.4 CITY-ST-ZIP	
TITLE	VT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERLY, THOMAS A.	6.2 NAME	
STREET ADDRESS	500 NORTH ALLEN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23220	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Weatherly

Date

Daytime Phone #

5/9/96 804 965-7214

CR2E034 (12/95)