


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90032 019 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P05457**

1. Corporation Name  
**IFN INSURANCE AGENCY, INC.**

Principal Place of Business 6610 WEST BROAD STREET RICHMOND VA 23230	Mailing Address 6610 WEST BROAD STREET RICHMOND VA 23230
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <del>6610</del> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified <b>03/27/1985</b>	
4. FEI Number <b>54-1304309</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION 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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LANAM, LINDA L	
STREET ADDRESS	8201 W GREYSTONE CIR	
CITY-ST-ZIP	RICHMOND VA	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CATANZANO, DENNIS A.	
STREET ADDRESS	13325 LADY ASHLEY DR.	
CITY-ST-ZIP	MIDLOTHIAN VA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHINN, ROBERT D.	
STREET ADDRESS	2961 ELLESMERE DR.	
CITY-ST-ZIP	MIDLOTHIAN VA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNOWLES, JOHN L.	
STREET ADDRESS	3216 NUTLEY COURT	
CITY-ST-ZIP	RICHMOND VA	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	STIFF, GEOFFREY S	
STREET ADDRESS	6610 W BRAOD ST	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David H. Carson	
1.3 STREET ADDRESS	6013 Chestnut Hill Drive	
1.4 CITY-ST-ZIP	Glen Allen, VA 23060	
2.1 TITLE	up	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ward E. Bobitz	
2.3 STREET ADDRESS	711 Rockford Rd.	
2.4 CITY-ST-ZIP	Manakin-Sabot, VA 23103	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Robert D. Chinn Sr. V.P. Date: 2/18/99 Daytime Phone #: 804 281 6566

CR2E034 (1/98)