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 # **144709** **(3)**

1. Corporation Name

VARN CITRUS, INC.

Principal Place of Business

3301 AVE C
P. O. BOX 550
FORT PIERCE FL ~~34947-2534~~ 34954

Mailing Address

~~3301 AVE G~~
P. O. BOX 550
FORT PIERCE FL ~~34947-2534~~ 34954

3. Date Incorporated or Qualified: **10/05/1945**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-6077919** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

VARN, MYRON M
3302 AVENUE C
FORT PIERCE FL 33450

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 607.1505, 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
1 TITLE PD 1 NAME VARN, MYRON M 1 STREET ADDRESS 3302 AVENUE C 1 CITY ST ZIP FORT PIERCE FL	☐ DELETE	1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY ST ZIP ☐ Change ☐ Addition
2 TITLE D 2 NAME VARN, SAMUEL F 2 STREET ADDRESS 3302 AVENUE C 2 CITY ST ZIP FORT PIERCE FL	☐ DELETE	2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY ST ZIP ☐ Change ☐ Addition
3 TITLE TD 3 NAME VARN, JEAN F 3 STREET ADDRESS 3302 AVENUE C 3 CITY ST ZIP FORT PIERCE FL	☐ DELETE	3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY ST ZIP ☐ Change ☐ Addition
4 TITLE VD 4 NAME VARN, ROBERT S 4 STREET ADDRESS 3302 AVENUE C 4 CITY ST ZIP FORT PIERCE FL	☐ DELETE	4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY ST ZIP ☐ Change ☐ Addition
5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY ST ZIP	☐ DELETE	5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY ST ZIP ☐ Change ☐ Addition
6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY ST ZIP	☐ DELETE	6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY ST ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true, complete, and accurate; is filed on behalf of a Florida for-profit corporation; and is executed in accordance with Section 607.0120(7), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: Myron M. Varn Jr. 1/18/96 407-461-2172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E034 (12/95)