2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # 161737 02-06-2004 90011 033 ***150.00 VARN INVESTMENT COMPANY Principal Place of Business Mailing Address 1201002 **601 II RIVERSIDE AVENUE 601 II RIVERSIDE AVENUE** #600 #600 JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 US US 3. Mailing Address P. O. Box 40965 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01222004 CR2E034 (10/03) Chg-P City & State Jacksonville, FL City & State 4. FEI Number Applied For 59-0492760 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32203-0965 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name VARN JR, LESTER Street Address (P.O. Box Number is Not Acceptable) 601 II RIVERSIDE AVE., JACKSONVILLE, FL 32204 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete TITLE ☐ Change ☐ Addition VARN JR, LESTER NAME NAME STREET ADDRESS 601 II RIVERSIDE AVE #600 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZIP DCCE ☐ Change ☐ Addition TITLE Delete TITLE NAME VARN, GEORGE W NAME 601 II RIVERSIDE AVE #600 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32204 CITY-ST-ZIP CITY-ST-7iP VTD Change TITLE ☐ Delete TITLE ☐ Addition NAME VARN, WILLIAM L III NAME STREET ADDRESS 601 II RIVERSIDE AVE #600 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-ZtP TITLE VAD Delete TITE F ☐ Change ☐ Addition VARN, GEORGE W JR NAME 601 II RIVERSIDE AVE #600 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32204 CITY-ST-ZIP CITY-ST-ZIP TITLE AS ☐ Defete TITLE ☐ Change ☐ Addition VARN, MERRILL NAME NAME STREET ADDRESS 601 II RIVERSIDE AVE #600 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 CITY-ST-21P Detete TITLE ☐ Change ☐ Addition MADIGAN, EMILY R NAME NAME 601 II RIVERSIDE AVE #600 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32204 CITY-ST-2IP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. President SIGNATURE: SIGNATURE AND T

FILED

Feb 06, 2004 8:00 am