

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

3167

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 16 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 219046 (0)

1. Corporation Name
VARN TRADING COMPANY

Principal Place of Business Mailing Address
645 RIVERSIDE AVE #460 645 RIVERSIDE AVE #460
P O BOX 4488 (32201) P O BOX 4488 (32201)
JACKSONVILLE FL 32204 JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/09/1959 **02/17/1994**

4. FEI Number Applied For
59-0883524 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
**VARN, GEORGE W
645 RIVERSIDE AVE #460
JACKSONVILLE FL 32204**

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 607.1508, 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

TITLE	PD
NAME	VARN, GEORGE W
STREET ADDRESS	645 RIVERSIDE AVE #460
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VSD
NAME	VARN JR, LESTER
STREET ADDRESS	645 RIVERSIDE AVE #460
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	ST
NAME	VARN JR, GEORGE W
STREET ADDRESS	645 RIVERSIDE AVE #460
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	ST
NAME	VARN III, WILLIAM L
STREET ADDRESS	645 RIVERSIDE AVE #460
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	AS
NAME	YOUNG, BARBARA W.
STREET ADDRESS	645 RIVERSIDE AVE #460
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	A S T <input checked="" 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	AS MERRILL VARN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	645 RIVERSIDE AVENUE
6.3 STREET ADDRESS	JACKSONVILLE, FL
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

DATE: _____
NAME: **GEORGE W. VARN, PRESIDENT**

March 13, 1995 904/356-4881