

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 # 219046 (0)

1. Corporation Name
VARN TRADING COMPANY



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

2. Principal Place of Business 2a. Mailing Address
21 601 II Riverside Avenue 26 Suite, Apt. #, etc.
22 Suite # 460 27 City & State
23 Jacksonville, FL 28 City & State
24 32204 25 Duval 29 Zip Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
01/09/1959 03/16/1995
4. FEI Number Applied For
59-0883524 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
7. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

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 of the corporation and the registered agent are to be applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARN, GEORGE W	1.2 NAME	
STREET ADDRESS	645 RIVERSIDE AVE #460	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARN JR, LESTER	2.2 NAME	
STREET ADDRESS	645 RIVERSIDE AVE #460	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARN JR, GEORGE W	3.2 NAME	
STREET ADDRESS	645 RIVERSIDE AVE #460	3.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	3.4 CITY- ST- ZIP	
TITLE	AST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARN III, WILLIAM L	4.2 NAME	
STREET ADDRESS	645 RIVERSIDE AVE #460	4.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	4.4 CITY- ST- ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, BARBARA W.	5.2 NAME	
STREET ADDRESS	645 RIVERSIDE AVE #460	5.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	5.4 CITY- ST- ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARN, MERRILL	6.2 NAME	
STREET ADDRESS	645 RIVERSIDE AVENUE	6.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	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: *George W. Varn*
GEORGE W. VARN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 1996 904/356-4881

Date Daytime Phone #

CR2E034 (12/95)