

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

**FILED**  
**Mar 11 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 219046**

**(0)**

1. Corporation Name  
**VARN TRADING COMPANY**



Principal Place of Business

Mailing Address

**601 N RIVERSIDE AVENUE  
 SUITE 460  
 JACKSONVILLE FL 32204  
 US**

**645 RIVERSIDE AVE #460  
 P O BOX 4488 (32201)  
 JACKSONVILLE FL 32204-2901**

3. Date Incorporated or Qualified <b>01/09/1959</b>	3a. Date of Last Report <b>03/11/1996</b>
4. FEI Number <b>59-0883524</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2b. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VARN, GEORGE W  
 645 RIVERSIDE AVE #460  
 JACKSONVILLE FL 32204**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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: STD <input type="checkbox"/> DELETE	3.1 TITLE <input 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: ASTD <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 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 trustee 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]* 3/6/97

CR2E034 (9/96)