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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000021859 (2)

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VARNELL	FOHIPMENT	SALES.	INC.



Principal Place of Business Mailing Address					-{			DI DIIID KOK IDEI	
1235 SOUTH	10 ST	P O BOX 1889	1 22025 1990						
W-1 Fernandina Beach Fl 32304 US		FERNANDINA BCH FL 32035-1889 US			Date Incorporated or Qualified 04/01/1993		of Last R	. <u>-</u> _	
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
	Centre St	26				59-3173056			Not Applicable
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi				
City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country	Zip	Countr	ry		8. This corporation has liability for i		ax under s	199.032,
4 3203		29	30			Florida Statutes Yes			
	g. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered	Agent	
			8	η.	Name				
YARNEL	L, J JAY		8:	2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	ILANTIC AVE		8	2	 .				
FERNAN	IDINA BEACH FL 32035		0	3					
			8	4	City		FL	85 Zi	p Code
SIGNATURE	h, and accept the obligations of, Sect Signature, typed or printed name of registered agent OFFICERS AN	and the if applicable (f	VOTE Pagisterod As	gent	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	ORS IN 12
12.	D OFFICERS AN	D DIRECTORS	1. 1 TITL	F		ADDITIONS/OFFAINGES TO OFF		Change	
NAME	YARNELL, J JAY		1 2 NAM						
STREET ADDRESS	2119 ATLANTIC AVE				ADDRESS				
CITY-ST-ZIP	FERNANDINA BEACH FL		14 CITY		1				
TITLE	S	☐ DELETE	2 1 TITL					Change	☐ Addition
NAME	YARNELL, NANCY		2.2 NAM	4E					
STREET ADDRESS	2119 ARLANTIC AVE		2.3 \$TR	EET A	ADORESS				
CITY - ST - ZIP	FERNANDINA BEACH FL		2 4 CITY		- 71P				
TITLE		DELETE	3 1 1111					☐ Change	☐ Addition
NAME			3.2 NAM						
STREET ADDRESS			1		ADDRESS				
CITY - ST - ZIP		DELETE	3.4 CITY 4. 1 TIT		1 - ZIF,			Change	Addition
TITLE			4. 1 111 4.2 NAN						-
NAME S1REET ADDRESS					ADDRESS				
CITY-SI-ZIP			4.4 CITY		ľ				
THILE		☐ DELFTE	5 1 TITI	•				Change	☐ Addition
NAME		-	5.2 NAN	ИÉ					
STREET ADDRESS			53 STR	REFT	ADDRESS				
CITY-SI-ZIP			5 4 CIT	y - \$1	T-ZIP				
TITLE		☐ DELETE	6 1 TIT	LΈ				Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			63 STR	REET	ADDRESS				
1	F		i						

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 trusted 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:

3,5ay | a (12 | 2/28/96 904-261-9149 |
ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Days the Phone F