

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra S. Moriturn  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 16 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 161737 (2)  
1. Corporation Name  
VARN INVESTMENT COMPANY

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

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 08/11/1920 3a. Date of Last Report 02/18/1994  
4. FEI Number 59-0492760 Applied For 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  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
VARN JR, LESTER  
645 RIVERSIDE AVE., STE.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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VARN JR, LESTER 645 RIVERSIDE AVE., #480 JACKSONVILLE, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD VARN, GEORGE W 645 RIVERSIDE AVE., #460 JACKSONVILLE, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VARN III, WILLIAM L 645 RIVERSIDE AVE., #460 JACKSONVILLE, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST VARN JR, GEORGE W 645 RIVERSIDE AVE., #460 JACKSONVILLE, FL 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS YOUNG, BARBARA W. 645 RIVERSIDE AVE #480 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	A S T D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	A S MERRILL VARN 645 RIVERSIDE AVENUE # 460 JACKSONVILLE, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 110.07(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 (or in part), or on an attachment with an addressee.

SIGNATURE: \_\_\_\_\_  
LESTER VARN, JR., PRESIDENT

March 13, 1995 904/356-4881  
Date Daytime Phone