

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 161737 (2)

1. Corporation Name  
**VARN INVESTMENT COMPANY**



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

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

3. Date Incorporated or Qualified: 08/11/1920  
3a. Date of Last Report: 03/16/1995  
4. FEI Number: 59-0492760  
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, 85 Zip Code (FL)

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 translating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	VARN JR, LESTER	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	VARN JR, LESTER	1.2 NAME:	
STREET ADDRESS:	645 RIVERSIDE AVE., #460	1.3 STREET ADDRESS:	
CITY- ST- ZIP:	JACKSONVILLE, FL 00000	1.4 CITY- ST- ZIP:	
TITLE: VD	VARN, GEORGE W	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	VARN, GEORGE W	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	VARN III, WILLIAM L	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	VARN III, WILLIAM L	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	VARN JR, GEORGE W	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	VARN JR, GEORGE W	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	YOUNG, BARBARA W.	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	VARN, MERRILL	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	VARN, MERRILL	6.2 NAME:	
STREET ADDRESS:	645 RIVERSIDE AVENUE #460	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: \_\_\_\_\_ Date: March 5, 1996 Daytime Phone #: 904/356-4881

CR2E034 (12/95)