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



Principal Place of Business
**601 N RIVERSIDE AVENUE
 SUITE 480
 JACKSONVILLE FL 32204
 US**

Mailing Address
**645 RIVERSIDE AVE.,STE.480
 P.O.BOX 4488 (32201)
 JACKSONVILLE FL 32204-2901**

3. Date Incorporated or Qualified **08/11/1920** 3a. Date of Last Report **03/12/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-0492760** Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VARN JR, LESTER
 645 RIVERSIDE AVE.,STE.480
 JACKSONVILLE FL 32204**

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]* **3/6/97** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VARN JR, LESTER	
STREET ADDRESS	645 RIVERSIDE AVE.,#480	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VARN, GEORGE W	
STREET ADDRESS	645 RIVERSIDE AVE.,#480	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	VARN III, WILLIAM L	
STREET ADDRESS	645 RIVERSIDE AVE.,#480	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	ASTD	<input type="checkbox"/> DELETE
NAME	VARN JR, GEORGE W	
STREET ADDRESS	645 RIVERSIDE AVE.,#480	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, BARBARA W.	
STREET ADDRESS	645 RIVERSIDE AVE #480	
CITY- ST- ZIP	JACKSONVILLE, FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VARN, MERRILL	
STREET ADDRESS	645 RIVERSIDE AVENUE #480	
CITY- ST- ZIP	JACKSONVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *[Signature]*
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Day/Mo/Yr

CR2E034 (9/96)