

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **254512** (7)

1. Corporation Name

VARN CITRUS GROWERS INC



Principal Place of Business

Mailing Address

**120 NORTH OAK AVE
P.O. BOX 827
FORT MEADE FL 33841-2903**

~~P.O. BOX 866~~ **P. O. Box 865**
~~P.O. BOX 827~~
FORT MEADE FL 33841-2903
US

3. Date Incorporated or Qualified
01/02/1962

3a. Date of Last Report
06/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 **P. O. Box 865**

4. FEI Number

59-0997376

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 **Fort Meade, FL**

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29 **33841**

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VARN, B S
120 N OAK
FT MEADE FL**

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 type (by printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **VARN, B S**
CITY-ST-ZIP **120 N OAK AVE.**
FT MEADE FL

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **FORT, C. ROBERT**
CITY-ST-ZIP **19 NE 3RD ST**
FT. MEADE FL

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **JAHNA, FRED W. JR.**
CITY-ST-ZIP **1319 LAKE ISIS**
AVON PARK FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **VARN, JAYNE**
CITY-ST-ZIP **TRASIC ROAD**
FT. MEADE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **BATES, JAYNE V.**
4.4 CITY- ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
B. S. Varn, President

June 14, 1996

(941) 285-6310

CR2E034 (3/96)