

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 438313 (9)  
1. Corporation Name  
A 5, INC.



Principal Place of Business  
2901 HWY 31 S  
ARCADIA FL 33821 34265

Mailing Address  
PO BOX 2220  
ARCADIA FL 33821  
US

3. Date Incorporated or Qualified 10/17/1973  
3a. Date of Last Report 04/12/1995  
4. FEI Number 59-1504027  
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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip 34265 Country  
24 34265 25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip 34265 Country  
29 34265 30

9. Name and Address of Current Registered Agent

VARNER, DAVID O.  
505 LITTLE LAKE COURT  
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name JAMES S. VARNER  
82 Street Address (P.O. Box Number is Not Acceptable) 505 Little Lake Court  
83 Winter Haven, FL.  
84 City FL 85 Zip Code 33880

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

*James S. Varner*  
Signature (Typed or printed name of registered agent also acceptable)

8-2-96  
(If Officer, Registered Agent, Signature Required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	C VARNER, EDWARD O.	PO BOX 2220 N/A	ARCADIA FL	
	V VARNER, PHILLIP E.	PO BOX 2220 N/A	ARCADIA FL	
	ST VARNER, DAVID O.	PO BOX 2220 N/A	ARCADIA FL	
	P VARNER, STEVEN E.	30505 TURTLE DOVE LANE	PUNTA GORDA FL	
	AS VARNER, IRIS	PO BOX 2220 N/A	ARCADIA FL	
	T VARNER, JAMES S.	PO BOX 2220 N/A	ARCADIA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

T  
VARNER, JAMES S.  
505 Little Lake Court  
Winter Haven, FL. 33884

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:

*James S. Varner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-96  
Date

Daytime Phone #

CR2E034 (12/95)