## 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 OCUMENT # 484666 D. H. Varn, Jr. Ranch, Inc.

1. Comporation	IVI⊏IVI n Name	# 48	1468	6											
** Corporation					-										
	D.H.	Varn,	Jr. Ra	anch,	, Inc.										
Principal Place			_	Main	ng Address				7						
		Box 86													
	\11 F	ast Br	oadway	,											
Fort Meade, Florida 33841							3. Date 9	ncommate 7187	of or Oual	lified	3a. Date	4/22	₽ <b>9</b> 5		
2. Principal Pl	lace of Busine	ess		2a. M	alling Address				4. FEIN					1	Applied For
21	# sts			26		<del></del>			59	-1695	208				Not Applicable
Suite, Apt.	#, etc			27 St	uite, Apt. #, etc.				5. Certifi	icate of Sta	itus Desire	ed [	3		5 Additional
City & State	e				ty & State				6 Etection	on Campai	on Financi	ina			Required
23				28	,				1	Fund Cont	_				00 May Be led to Fees
Zip <b>24</b>		Country 25		Zig 29	ρ	Country 30	y		1	corporation a Statutes		ty for inta			s 199.032,
	9. Name	and Addres	s of Current	Register	ed Agent					e and Add		-		Agent	<del></del>
						81	N:	me							
	Black	, N.L.		_		82	St	reet Addr	ess (P.O. Box	k Number í	s Not Acc	eptable)			
			oadway												
	FORL	meade,	FL 33	841		83	1								
						84	Ci	У					Fi	85 2	Zip Code
11. Pursuant t	to the provision	ons of Section	ns €07.0502 a	ind 607.15	508, Florida Statute	s, the above-	name	d corpor	ation submits	this stater	nent for th	ne purpos	se of cha	nging its	registered office
Or register	era agent, or	ot the obligation	tate of Florida	i. Such ch	ande was authorize	d by the corp	xorati	on's boar	d of directors	s. Thereby a	accept the	appoint	ment as	registere	d agent. I am
				1 001.000	io, rionda Statutes.										
SIGNATURE: _															
	Signature, typed (		registered agent an	nd title if applic	cable. (NO	E Registered Age		iture required		ONE/OUA	NOTE TO	OFFICE	DATE	DIDECT	ODO IN 40
SIGNATURE: _ 12. TITLE				nd title if applic	cable. (NO	13.		iture required		IONS/CHA	NGES TO	OFFICE	RS AND		ORS IN 12
12.	D,P,	OF	registered øgent en FICERS AND	d tille if applic DIRECTO	DELETE			iture required		IONS/CHA	NGES TO	OFFICE	RS AND	DIRECT Change	
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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 changes or or any flactorient with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 941-28.58652 Dale Proces