

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 542993

1. Corporation Name
VARCO ENTERPRISES, INC.

Principal Place of Business 3752 RICKER ROAD JACKSONVILLE FL 32210	Mailing Address 3752 RICKER ROAD JACKSONVILLE FL 32210 US	
2. Principal Place of Business 21	2a. Mailing Address 26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	
City & State 23	City & State 28	
Zip 24	Zip 29	Country 30

9. Name and Address of Current Registered Agent

VARMON, CYNTHIA K
3752 RICKER ROAD
JACKSONVILLE FL 32210

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, typed or printed name of registered agent and title if applicable		(NOT a Registered Agent signature required when reinstating)	DATE
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12	
TITLE	PS	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARNOM, CYNTHIA K		
STREET ADDRESS	3752 RICKER ROAD		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I 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, with a former like empowered.

SIGNATURE: Cynthia K. Varnom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90003 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/16/1977	
4. FEI Number 59-1764094	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Person al Property Tax. <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

10. Name and Address of New Registered Agent

CR2E034 (11/98)