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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

MENT # 562863

(1)

DOCUMENT #
1. Corporation Name

VARNER MARKETING COMPANY

Principal Place	of Business	Mailing Address							
509 US HWY 27, SOUTH P.O. BOX DRAWER 1679 DUNDEE FL 33838		509 US HWY 27. SOUTH P.O. BOX DRAWER 1679 DUNDEE FL 33838							
						3. Date Incorporated or Qualified 03/24/1978	3a. Date o	of Last P 5/01/1	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number 59-1806130			Applied For Not Applicable
Suite, Apt. #	etc	Suite, Apt. #, etc.							5 Additional
22	, 600.	27				5. Certificate of Status Desired		•	Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Zip 24				8. This corporation has liability for intangible tax under s 19s					199.032,
24	9. Name and Address of Current	<u></u>	1301			10. Name and Address of New Rec		ent	
				B1	Name			,	
	r, kevin e.			B2	Street Addre	ss (P.O. Box Number is Not Acceptable)			
701 CA	IRLTON Vales fl 33853								
LANE	ANTEO LE 20000		['	B3					
			[4	B4	City		FL	85 Z	ip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the abov	e-na	amed corpora	tion submits this statement for the purpo	se of chan	ging its	registered office
or registere familiar with	ed agent, or both, in the State of Floria h. and accept the obligations of Seglid	la. Such change was authorize on 607.0505. Florida Statutes	ed by the co i.	orpoi	ration's board	d of directors. Thereby accept the appoin	ilment as re	gistere	d agent. I am
SIGNATURE	from El	anu					4/2	5/9	<u>ک</u> ا
	Signature, typed or brilled name of registered agent a	and title if applicable (NO	TE: Registered A	Qent :	signature required v	when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND E	RECTO	ORS IN 12
TITLE	DST	☐ DELETE	1. 1 T(T	LE				Change	■ Addition
NAME	HASTINGS, ANNETTE V.		1.2 NAM	ΝE					
STREET ADDRESS	2595 OAK DRIVE		1.3 STR	EET A	ADDRESS				
CITY-ST-ZIP	ALTURAS FL		1.4 CIT	Y - ST-	- 21P				
1ITLE	DP	☐ DELETE	2. 1 T(T	LE				Change	☐ Addition
NAME	VARNER, KEVIN E		2 2 NAM	νE	ŀ				
STREET ADDRESS	701 CARLTON		2 3 STR	EET A	ADDRESS				
CITY-ST-ZIP	lake wales fl		2 4 CIT	Y - ST -	- ZIP				
TITLE	0	☐ DELETE	3 1 111	LE				Change	■ Addition
NAME	VARNER, NANCY		3.2 NAM	ÞΕ					
STREET ADDRESS	COUNTRY CLUB RD.		3.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	MANCHESTER TN		3.4 C(T)	Y - ST -	- ZIP				
TITLE		☐ DELETE	4. 1 TiT				Ď	Change	☐ Addition
NAME			4.2 NAN	ΑE					
STREET ADDRESS			4.3 STR	EET A	ADDRESS .				
CITY-ST-ZIP			4.4 C(T)	Y-ST-	- ZIP				
TITLE		☐ DELETE	5. 1 TiT					Change	Addition
NAME			5 2 NAM	ΛE					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CiT						
TITLE		☐ DELETE	6 1 TIT					Change	Addition
NAME		<del></del>	6.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 C(T)		- 1				
	certify that the information supplied v	vith this filing is voluntarily furn				r the exemption stated in Section 119.07	(3)(k), Florid	da Stati	utes. I further

14. Too hereby certify that the information supplied with this lining is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(s)(x), Florida Statutes: I furner 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 cath; that I am an officer or director of the corporation of 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: \_

ANTURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 4

Daytime Phone #