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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 562863

VARNER MARKETING COMPANY

(1)

FILED Apr 23 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							,,,, 4,51 , 4 1			
509 US HWY 27. S P.O. BOX DRAWER DUNDEE FL 33838	R 1679	509 US HWY 27, SOUTH P.O. BOX DRAWER 1679 DUNDEE FL 33838-1679	P.O. BOX DRAWER 1679							
						3. Date Incorporated or Qualified 03/24/1978 04/30/			of Last Report /1996	
2. Principal Pac	e of Business	2a. Mailing Address	2a. Mailing Address			59-1806130			Applied For	
21		26	• · · · · · · · · · · · · · · · · · · ·						Not Applicab	
Suite, Apt #,	Suite, Apt. #, etc.	.; Арт. #, етс.			Certificate of Status Desired Sa.75 Additional Fee Required Section Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees					
City & State 23		City & State								
Zip	Country	Zip	Coul	ntry		6. This corporation has liability for i			s. 199.032,	
24	25	29	30				Yes [
	9. Name and Address of Curre	int Hegistered Agent		81	Name	10. Name and Address of New Re	JISTOTOG /	Agent		
VARNER, KEVIN E.					Name					
701 CARLTON LAKE WALES FL 33853				82	Street Add	ress (P.O. Box Number is Not Acceptab	ie)			
LAKE WALES PE 33853			ŀ	83						
			}	84	City	, , , t		85 Zij	o Code	
					·	poration submits this statement for the p	<u>FL</u>			
12.		ND DIRECTORS	13.		ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND			
	DST	DELETE		1.1 TITLE				Change	Additio	
	HASTINGS, ANNETTE V.		1.2 NA	ME						
g-rice i substitution and	2595 OAK DRIVE NLTURAS FL		- L		ADDRESS					
Out to Street	XP	DELETE	1.4 CI		IT-ZIP			☐ Change	Additio	
	/ARNER, KEVIN E.	LL Officia	2.1 111 2.2 NA		1					
	'01 CARLTON				ADDRESS					
	ake wales fl		2. 4 CI	TY-S	ST-ZIP					
TITLE [)	DELETE	3.1 TH	LE				Change	Additio	
	ARNER, NANCY		3.2 NA	ME		105 ROYD'S CT.				
1	COUNTRY CLUB RD. MANCHESTER TN		1		ADDRESS	MANCHESTER, TH	•	3725	.	
	MANUFICATED IN	DELETE	3.4. CI 4.1 Til		ST-ZIP	MUNCHEZ LEW , IN		Change		
TITLE		C Drivit	4.1 III 4.2 N					Orienty	, La ridout	
STREE! ACORESS					ADDRESS					
CHY-ST-ZIP			4.4 CI							
TOTLE	-,-,-	DELETE	5.1 TO			<u> </u>		Change	e 🔲 Additio	
NAME			5.2 NA	ME	1					
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CITY-ST-ZIP		TT Bei FFF	5.4 Cf		ST-ZIP			T Chart	a alabe	
TITLE		DELETE	6.1 TI					Change	e 🔲 Additio	
NAME OTOGOL ADODERS			6.2 NA		ADDRESS					
STREET ADORESS					ADDRESS					

14. I do 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.

SIGNATURE: