


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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **H81595** (1)
1. Corporation Name
VARNER GROWERS, INC.



Principal Place of Business 102 POST AVENUE SOUTHWEST WINTER HAVEN FL 33880	Mailing Address 102 POST AVENUE SOUTHWEST WINTER HAVEN FL 33880
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4985 Spirit Lake Road Suite, Apt. #, etc. 22 City & State 23 Winter Haven, Florida Zip Country 24 33880 25 Polk		2a. Mailing Address 26 4985 Spirit Lake Road Suite, Apt. #, etc. 27 City & State 28 Winter Haven, Florida Zip Country 29 33880 30 Polk		3. Date Incorporated or Qualified 10/21/1985	4. FEI Number 59-2718348	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VARNER, HERBERT C.
102 POST AVENUE, S.W.
WINTER HAVEN FL 33880

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	4985 Spirit Lake Road
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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARNER, HERBERT C.	1.2 NAME	
STREET ADDRESS	102 POST AVE SW	1.3 STREET ADDRESS	4985 Spirit Lake Road
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARNER, BETTY J.	2.2 NAME	
STREET ADDRESS	102 POST AVE SW	2.3 STREET ADDRESS	4985 Spirit Lake Road
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARNER, JOSEPH A.	3.2 NAME	
STREET ADDRESS	102 POST AVE, SW	3.3 STREET ADDRESS	4985 Spirit Lake Road
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARNER, MICHAEL P.	4.2 NAME	
STREET ADDRESS	102 POST AVE, SW	4.3 STREET ADDRESS	4985 Spirit Lake Road
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *Betty J. Varner* - **BETTY J. VARNER**

3-11-98 941-294-5283

CR2E034 (10/97)