

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morihani
Secretary of State
DIVISION OF CORPORATIONS

PAID
CK-7050
2-29-96

DOCUMENT # **K75819 (8)**

1. Corporation Name
VARNES ENTERPRISES, INC.



Principal Place of Business Mailing Address
**7270 LEM TURNER ROAD
121 WEST FORSYTH ST #170
JACKSONVILLE FL 32208
US**

3. Date Incorporated or Qualified **04/01/1989** 3a. Date of Last Report **03/14/1995**
4. FEI Number **59-2935073** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **7270 Lem Turner Rd** 26 **7270 Lem Turner Rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Jacksonville, Fl** 28 **Jacksonville, Fl**
Zip Country Zip Country
24 **32208** 25 **Duval** 29 **32208** 30 **Duval**

9. Name and Address of Current Registered Agent

**BRAZEL, RANDALL G.
7270 LEM TURNER RD
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

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 **Randall G. Brazel** **President/Registered Agent** **2-29-96**
Signature, typed or printed name of registered agent and the applicable DATE
(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME P BRAZEL, RANDALL G STREET ADDRESS 7270 LEM TURNER ROAD CITY-STATE-ZIP JACKSONVILLE FL 32208	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
TITLE <input type="checkbox"/> DELETE NAME V BRAZEL, SUSAN STREET ADDRESS 7270 LEM TURNER RD CITY-STATE-ZIP JACKSONVILLE FL 32208	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

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 changed, or on an attachment with an address.

SIGNATURE: **2-29-96** **904 765-5576**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)