

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # M29354 (1)**

1. Corporation Name

**VARLEY-CAMPBELL & ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

**C/O REED B. VARLEY  
1110 BRICKELL AVE., SUITE 430  
MIAMI FL 33131**

**C/O REED B. VARLEY  
1110 BRICKELL AVE., SUITE 430  
MIAMI FL 33131**

3. Date Incorporated or Qualified

**03/24/1986**

3a. Date of Last Report

**04/13/1995**

4. FEI Number

**59-2661334**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VARLEY, REED B.  
1110 BRICKELL AVE.  
SUITE 430  
MIAMI FL 33131**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**VTS  
VARLEY, REED B.  
1110 BRICKELL AVE. #430  
MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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