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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000079588

VARNES REALTY, INC.

Principal Place of Business 55098 HICKORY STREET PANAMA CITY FL 32404

21

22

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

5509B HICKORY STREET PANAMA CITY FL 32404

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90056 029 ***150.00



 \Box

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

09/05/1997

59-3470907

4. FEI Number

| 3 | | [28] | | | | Hustit | and Continuation | | | |
|----------------------|---|---------------------|--------------------|-------------|-------------------------|-------------------|------------------------|------------------|----------------|-------------|
| Zip | Country | Zip | | Country | | 1 | rporation owes the | current year in | _ | |
| 4 | 25 | 29 | 30 | | | <u> </u> | al Property Tax. | | Yes | □No |
| | 9. Name and Address of Current F | Registered Agen | t | 81 | | 10. Name a | and Address of Ne | w Registered | Agent | |
| VARNES, KENNETH J | | | | | Name Stront Address | as (B.O. Boy | Number is Not Acc | entable) | | |
| 5509B HICKORY STREET | | | | 82 | Street Addres | 55 (F.O. DOX | Number is Not Acc | ершые) | | |
| Panama City FL 32404 | | | | 83 | | | | | | |
| | | | | <u></u> | | | | | - 1 1 1 | |
| | | | | 84 | City | | | FL | 85 Zip (| Code |
| 11. Pursuant i | to the provisions of Sections 607.0502 | and 607,1508, Flo | orida Statutes, ti | he above | -named corpor | ration submits | s this statement for | the purpose of | changing its | registered |
| office or re | egistered agent, or both, in the State of | Florida, Such cha | ange was autho | rized by | the corporation | n's board of di | irectors. I hereby a | ccept the appo | intment as re | gistered |
| • | m familiar with, and accept the obligation | 1 | 7.0505, Florida | Statutes | +0 | N Va | 11.12 | u ò | · () a | ۵ |
| SIGNATURE | Kenneth J. Signature, typed or printed name of registered agent a | JARNES | (NOTE: Regis | stered Agen | it signature required v | when reinstating) | <u> </u> | DATE | pur - | ᆁ— │ |
| 12. | | | | 13. | | | NS/CHANGES TO | OFFICERS A | ND DIRECTO | RS IN 12 |
| TITLE | P | | DELETE | 1.1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | VANES, KENNETH J | | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 5509 B HICKORY ST | | | 1.3 STREET | ADORESS | | | | | |
| CITY-ST-ZIP | PANAMA CITY FL 32404 | | | 1.4 CITY-S | | | | | | |
| TITLE | THE SELECTION | | DELETE | 2.1 TITLE | | | | · · | ☐ Change | ☐ Addition |
| NAME | | | ſ | 2.2 NAME | ľ | | | | | |
| STREET ADDRESS | | | | 2.3 STREET | ADDRESS I | | | | | |
| CITY-ST-ZIP | | | 1 | 2, 4 CITY-S | - 1 | | | | | |
| TITLE | | | | 3.1 TITLE | - | | | | ☐ Change | ☐ Addition |
| NAME | | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | | 3.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY-S | ST-ZIP | | | | | |
| TITLE | | | DELETE | 4.1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME ! | | | | 4, 2 NAME | | | | | | |
| STREET ADDRESS | | | | 4.3 STREET | T ADDRESS | | | | | |
| CITY-ST-ZIP | | | | 4,4 CITY-S | T-ZIP | | | | | |
| TITLE | | | DELETE | 5.1 TITLE | | | | | Change | ☐ Addition |
| NAME | | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | ŧ | 5.3 STREET | TADDRESS | | | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-S | T-ZiP | | | | | |
| TITLE | | | DELETE | 6.1 TITLE | | | | | Change | ☐ Addition |
| NAME | | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | | 6.3 STREET | TADDRESS | | | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-S | | | | | | |
| 14. I hereby o | certify that the information supplied with | this filing does no | ot qualify for the | exempt | ion stated in Se | ection 119.07 | (3)(i), Florida Statut | es. I further ce | rtify 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, with all other like empowered.

SIGNATURE

KENNETH ATTO VARACOUKENOUS

mer 11 Opil 99

(850)784999 o

?2E034 (11/98)