

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

**FILED**

**May 15 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 146852 (9)**

1. Corporation Name  
**LYKES TRANSPORT, INC.**



Principal Place of Business <b>9721 US HIGHWAY 98 STE. 1 RICHLAND FL 33525 US</b>	Mailing Address <b>111 EAST MADISON STREET P.O. BOX 1680 TAMPA FL 33602-4719 US</b>
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3. Date Incorporated or Qualified <b>04/30/1946</b>	3a. Date of Last Report <b>04/29/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>59-0623327</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SIMPSON, NATHAN B  
111 E MADISON ST  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>HIMMER, RICHARD E.</b>	
STREET ADDRESS	<b>9721 US HIGHWAY 98</b>	
CITY-ST-ZIP	<b>RICHLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CARRERE, MICHAEL L.</b>	
STREET ADDRESS	<b>4611 LYKES RD, INDUSTRIAL PARK</b>	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHINDLER, D. R.</b>	
STREET ADDRESS	<b>111 E MADISON ST</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>CFO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAILEY, B. T.</b>	
STREET ADDRESS	<b>111 E MADISON ST</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>See Attached for Additions/Changes</i>				
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *D. R. Schindler* **D. R. Schindler** 813/222-3781

CR2E034 (9/96)

**LYKES TRANSPORT, INC.**

9721 U. S. Hwy. 98  
Dade City, FL 33526

Federal Identification No.  
59-0623327

Document No. 146852

Date of Incorporation  
April 30, 1946

Telephone No. 352/521-4077  
Fax No. 352/521-0811

Incorporated State of Florida

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TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
Chairman of the Board	John A. Brabson, Jr.	111 E. Madison Street	Tampa, FL 33602
President and Chief Executive Officer	M. Lenny Pippin	111 E. Madison Street	Tampa, FL 33602
Treasurer	Kimberly Johnson	111 E. Madison Street	Tampa, FL 33602
Secretary	D. R. Schindler	111 E. Madison Street	Tampa, FL 33602
Directors	John A. Brabson, Jr.	111 E. Madison Street	Tampa, FL 33602
	Michael L. Carrere	111 E. Madison Street	Tampa, FL 33602
	J. T. Lykes, III	111 E. Madison Street	Tampa, FL 33602
	M. Lenny Pippin	111 E. Madison Street	Tampa, FL 33602