

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

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90014 029 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **146852** ✓

1. Corporation Name
LYKES TRANSPORT, INC.



Principal Place of Business
9721 US HIGHWAY 98
STE. 1
RICHLAND FL 33525
US

Mailing Address
400 N TAMPA ST
P.O. BOX 1690
TAMPA FL 33602
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24 25

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

3. Date Incorporated or Qualified
04/30/1946

4. FEI Number
59-0623327

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
WATERS, ELIZABETH A
400 N TAMPA ST
TAMPA FL 33602

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HIMMER, RICHARD E.	
STREET ADDRESS	9721 US HIGHWAY 98	
CITY-ST-ZIP	RICHLAND FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BRABSON, JOHN A. J	
STREET ADDRESS	111 E MADISON ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	PIPPIN, M. LENNY	
STREET ADDRESS	111 E MADISON ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOHNSON, KIMBERLY	
STREET ADDRESS	111 E MADISON ST	
CITY-ST-ZIP	TAMPA FL	
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	<i>See Attached for Additions/Changes</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *K.S. Johnson* **K.S. Johnson, Treasurer 4/12/99 813/223-3981**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

LYKES TRANSPORT, INC.

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

Federal Identification No.
59-0623327

371675-900142
146852

Document No. 146852

Date of Incorporation
April 30, 1946

Telephone No. 352/521-4077

Fax No. 352/521-0811

Incorporated State of Florida

TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
Chief Executive Officer	M. Lenny Pippin	400 N. Tampa Street	Tampa, FL 33602
President and Chief Operating Officer	Richard E. Himmer	400 N. Tampa Street	Tampa, FL 33602
Vice President and Secretary	Elizabeth A. Waters	400 N. Tampa Street	Tampa, FL 33602
Treasurer	Kimberly Johnson	400 N. Tampa Street	Tampa, FL 33602
Vice President and Chief Financial Officer	Harry G. Leonardi	400 N. Tampa Street	Tampa, FL 33602
Directors	John A. Brabson, Jr.	400 N. Tampa Street	Tampa, FL 33602
	M. Lenny Pippin	400 N. Tampa Street	Tampa, FL 33602