

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -2 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 542837 (0)

1. Corporation Name

LOCKHART FOODS, INC.

Principal Place of Business

1200 66TH ST N  
ST PETERSBURG FL 33710

Mailing Address

1200 66TH ST N  
ST PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

08/12/1977

3a. Date of Last Report

03/10/1994

4. FEI Number

59-1759823

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOCKHART, ANDREW  
7604 W HANNA  
TAMPA FL 33615

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          | DVP               |
| NAME           | LOCKHART, DAVID A |
| STREET ADDRESS | 7604 W HANNA      |
| CITY-ST-ZIP    | TAMPA, FL 00000   |
| TITLE          | ST                |
| NAME           | LOCKHART, IRENE E |
| STREET ADDRESS | 7604 W HANNA      |
| CITY-ST-ZIP    | TAMPA, FL 00000   |
| TITLE          | DV                |
| NAME           | LOCKHART, ANDREW  |
| STREET ADDRESS | 7604 W HANNA      |
| CITY-ST-ZIP    | TAMPA, FL 00000   |
| TITLE          | DVP               |
| NAME           | LOCKHART, CURT T  |
| STREET ADDRESS | 7604 W HANNA      |
| CITY-ST-ZIP    | TAMPA, FL 00000   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                  |                                                                              |
|--------------------|------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | PRESIDENT        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | DAVID LOCKHART A |                                                                              |
| 1.3 STREET ADDRESS | 7604 W HANNA     |                                                                              |
| 1.4 CITY-ST-ZIP    | TAMPA FL 00000   |                                                                              |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

*Andrew Lockhart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW LOCKHART

7-6-95

Date

813-344-3837

Telephone