## 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 # 542837 1. Corporation Name

LOCKHART FOODS, INC.

Principal Place of Business							
1280 66TH ST N							
ST PETERSBURG FL 33710							

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

1280 66TH ST N

ST PETERSBURG FL 33710

## **FILED** Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90063 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

Not Applicable

08/12/1977 4. FEI Number

59-1759823

Suite, Apt.	#, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	1 1	5 Additional Required	
22		27			- Ft. 11 O			
City & State		<b>⊢</b> ′	City & State		6. Election Campaign Financing Trust Fund Contribution		OO May Be ed to Fees	
23		28 Cour					50 (0 1 803	
Zip ─_	Country	Zip	ip Country		This corporation owes the curr     Personal Property Tax.	entyear intangible ☐ Yes	ΙΖίΝο	
24	25	,1=+1	<u> </u>		10. Name and Address of New I			
9. Name and Address of Current Registered Agent				Name	IV. Halle and Addiess of Item .			
LOCKHART, ANDREW								
7604 W HANNA				82 Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33615			83				4 1 18h 200 Jan	
IAMPA PL 33013			83					
	•		84	City	-	<b>F</b> 85 Z	ip Code	
- ap 1 - 2 - 43	٠.						**************************************	
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 of 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			nt signature required		DATE	TOPS IN 12	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	Chan		
TITLE	Р	☐ DELETE	1,1 TITLE		·	Cincin	95	
NAME	LOCKHART, DAVID A		1.2 NAME					
STREET ADDRESS	7604 W HANNA	1.3 S		TADDRESS				
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-S	T-ZIP			Addition	
TITLE	ST	☐ DELETE	2.1 TITLE			Char	nge	
NAME	LOCKHART, IRENE E		2.2 NAME					
STREET ADDRESS	4997 97TH WAY N		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33708		2.4 CITY-1	ST-ZIP				
TITLE	DV.:	☐ DELETE	3.1 TITLE			☐ Char	nge	
NAME	LOCKHART, ANDREW		3.2 NAME				İ	
STREET ADDRESS	4997 97TH WAY N		3.3 STREE	T ADDRESS		: 1	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CITY-ST-ZIP	ST PETERSBURG FL 33708		3.4. CITY-	ST-ZIP				
TITLE	DVP	☐ DELETE	4.1 TITLE			☐ Char	nge 🖸 Addition	
NAME	LOCKHART, CURT T		4. 2 NAME					
STREET ADDRESS	7004 M/ 1148MM		4.3 STREE	T ADDRESS				
			4.4 CITY-5	ļ				
CITY-ST-ZIP TITLE	17.11.1.1, 1 2 00000	☐ DELETE	5.1 TITLE			Chai	nge 🔲 Addition	
NAME		_	5.2 NAME				ļ	
			5.3 STREE	T ADDRESS				
STREET ADDRESS	<b>.</b>		5.4 CITY-S	ST-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Chai	nge	
TITLE "	734	_ 555575	6.2 NAME	j		_		
NAME	1 3 m			TADDRESS				
STREET ADDRESS	T gai		6.4 CITY-S					
CITY-ST-ZIP	certify that the information supplied with	this filling does not qualify for t	ho avamo	tion stated in S	ection 119 07(3)(i) Florida Statutes	I further certify that t	the information	
14. I hereby indicated	on this annual report or supplied with	i this illing does not quality for t annual report is true and accura	ite exemp	at my signature	shall have the same legal effect as	if made under oath; t	hat I am an	

officer or director of the corporation or the receiver or trustee empowered to execute this report as Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empower