

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001302 (7)

1. Corporation Name
LYKES LINES, INC.

Principal Place of Business
111 E. MADISON, #700
TAMPA FL 33602

Mailing Address
111 E. MADISON, #700
TAMPA FL 33602-4705



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1995		3a. Date of Last Report 04/29/1996	
21		26		4. FEI Number 72-0382699		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		25 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

SIMPSON, NATHAN B
111 E. MADISON ST., #2300
TAMPA FL 33602

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANKIN, TOM L	1.2 NAME	See Attached for Additions/Changes
STREET ADDRESS	111 E. MADISON ST., #700	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, C J	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	111 E. MADISON ST., #700	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VCFO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, B.T.	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	111 E. MADISON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMAK, AL G	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	111 E. MADISON ST., #2300	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNO, S.J.	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	111 E. MADISON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYKES, J T III	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	111 E. MADISON ST., #700	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom C. Bernard
Tom C. Bernard

4/28/97
Date

813/223-3981
Daytime Phone #

CR2E034 (9/96)

LYKES LINES, INC.

111 East Madison Street
Tampa, Florida 33602

Federal Identification No.
72-0382699

P.O. Box 31244
Tampa, Florida 33631-3244

Date of Incorporation
September 1, 1947

Telephone No. 813/223-3981

Incorporated State of Louisiana

TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
Chairman of the Board, Chief Executive Officer, President	Joe B. Freeman	111 E. Madison Street	Tampa, FL 33602
Senior Vice President (Customer Acquisitions)	S. J. Bruno	111 E. Madison Street	Tampa, FL 33602
Senior Vice President (Operations)	J. W. Murray	111 E. Madison Street	Tampa, FL 33602
Vice President (Sales)	M. B. Cunningham	111 E. Madison Street	Tampa, FL 33602
Vice President (Customer Interface)	L. M. Guderian	111 E. Madison Street	Tampa, FL 33602
Vice President (Mediterranean, Genoa)	R. W. Kunz	111 E. Madison Street	Tampa, FL 33602
Vice President (Line Management Eastbound)	J. R. Wachtel	111 E. Madison Street	Tampa, FL 33602
Vice President (Treasurer)	A. G. Tomek	111 E. Madison Street	Tampa, FL 33602

LYKES LINES, INC.

**Vice President (Risk
Management & Claims)**

R. A. Vaccaro, Jr. 111 E. Madison Street Tampa, FL 33602

Secretary

Janet Terenzi 111 E. Madison Street Tampa, FL 33602

Directors

Joe B. Freeman 111 E. Madison Street Tampa, FL 33602

S. J. Bruno 111 E. Madison Street Tampa, FL 33602

J.W. Murray 111 E. Madison Street Tampa, FL 33602

A. G. Tomek 111 E. Madison Street Tampa, FL 33602