

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 31 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 # F96000006098 (5)

1. Corporation Name
LYKES MEAT GROUP, INC.

Principal Place of Business 900 DOMINION TOWER, 999 WATERSIDE DRIVE NORFOLK VA 23510	Mailing Address 900 DOMINION TOWER, 999 WATERSIDE DRIVE NORFOLK VA 23510
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/21/1996	3a. Date of Last Report
		c/o Tax Department P.O. Box 449 Smithfield, VA 23431-0449		4. FEI Number 54-1823378	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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	COOP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAFFORD, LARRY P	1.2 NAME	
STREET ADDRESS	900 DOMINION TOWER, 999 WATERSIDE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	1.4 CITY-ST-ZIP	
TITLE	CEOC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTER, JOSEPH W III	2.2 NAME	
STREET ADDRESS	900 DOMINION TOWER, 999 WATERSIDE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUB, AARON D	3.2 NAME	
STREET ADDRESS	900 DOMINION TOWER, 999 WATERSIDE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, MICHAEL H	4.2 NAME	
STREET ADDRESS	900 DOMINION TOWER, 999 WATERSIDE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, LEWIS R	5.2 NAME	
STREET ADDRESS	900 DOMINION TOWER, 999 WATERSIDE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23510	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 REQUIRED

7-27-97

CR2E034 (4/97)