

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F96000006098**

1. Corporation Name

LYKES MEAT GROUP, INC.

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90005 048 ***550.00



Principal Place of Business

**200 COMMERCE ST
SMITHFIELD VA 23430
US**

Mailing Address

**G/O TAX DEPARTMENT
P.O. BOX 449
SMITHFIELD VA 23431-0449
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

C/O SECRETARY

200 Commerce St.

Smithfield VA

23430

USA

4. FEI Number

54-1823378

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 owes the current year
Intangible Personal Property.



Yes



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

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 **COOP** ☒ DELETE

NAME **SWAFFORD, LARRY P**
STREET ADDRESS **4611 LYKES RD**
CITY-ST-ZIP **PLANT CITY FL 33564**

TITLE **CEOC** ☐ DELETE

NAME **LUTER, JOSEPH W III**
STREET ADDRESS **200 COMMERCE ST**
CITY-ST-ZIP **SMITHFIELD VA 23430**

TITLE **VS** ☒ DELETE

NAME **TRUB, AARON D**
STREET ADDRESS **200 COMMERCE ST**
CITY-ST-ZIP **SMITHFIELD VA 23430**

TITLE **AS** ☐ DELETE

NAME **COLE, MICHAEL H**
STREET ADDRESS **200 COMMERCE ST**
CITY-ST-ZIP **SMITHFIELD VA 23430**

TITLE **D** ☐ DELETE

NAME **LITTLE, LEWIS R**
STREET ADDRESS **200 COMMERCE ST**
CITY-ST-ZIP **SMITHFIELD VA 23430**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: **Michael Harris** **REQUIRED** **9/9/99** **(757) 365-3030**

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CR2E034 (5/99)