

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

FILED

May 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **J34292** (9)

1. Corporation Name  
**LYKES PASCO, INC.**

Principal Place of Business

P.O. BOX 97  
HIGHWAY 301 NORTH  
DADE CITY FL 33528  
US

Mailing Address

C/O NATHAN B. SIMPSON  
111 E. MADISON ST.  
TAMPA FL 33602-4719



3. Date Incorporated or Qualified <b>09/15/1986</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-2721774</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent  
**SIMPSON, NATHAN B.**  
**111 E. MADISON ST.**  
**TAMPA FL 33602**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	T.S. SCHINDLER, D.R. <input type="checkbox"/> DELETE
NAME	111 E. MADISON ST.
STREET ADDRESS	TAMPA FL
CITY-ST-ZIP	
TITLE	PCE RANKIN, TOM L. <input checked="" type="checkbox"/> DELETE
NAME	111 E. MADISON ST.
STREET ADDRESS	TAMPA FL
CITY-ST-ZIP	
TITLE	EVP RICE, T. G. <input type="checkbox"/> DELETE
NAME	111 E. MADISON ST.
STREET ADDRESS	TAMPA FL
CITY-ST-ZIP	
TITLE	CFO BAILEY, B.T. <input checked="" type="checkbox"/> DELETE
NAME	111 E. MADISON STREET
STREET ADDRESS	TAMPA FL
CITY-ST-ZIP	
TITLE	VP GODFREY, FRED E III <input type="checkbox"/> DELETE
NAME	111 E. MADISON STREET
STREET ADDRESS	TAMPA FL
CITY-ST-ZIP	
TITLE	VP BRANNEN, W.R. <input type="checkbox"/> DELETE
NAME	111 E. MADISON STREET
STREET ADDRESS	TAMPA FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	See Attached for Additions/Changes <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 in an attachment with an address.

SIGNATURE: D. R. Schindler **D. R. Schindler** 813/223-3981  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**LYKES PASCO, INC.**

P.O. Box 97  
Dade City, FL 33526

15000 U. S. Highway 301  
Dade City, FL 33525

Document No. J34292

Telephone No. 352/567-5211  
Fax No. 352/521-2257

Toll Free (Florida Only)  
1-800-342-9076

Federal Identification No.  
59-2721774

Date of Incorporation  
September 15, 1986

Employee Relations Department  
Fax No. 352/521-2241

TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
Chairman of the Board	John A. Brabson, Jr.	111 E. Madison Street	Tampa, FL 33602
President and Chief Executive Officer	M. Lenny Pippin	111 E. Madison Street	Tampa, FL 33602
Treasurer	Kimberly Johnson	111 E. Madison Street	Tampa, FL 33602
Secretary	David R. Schindler	111 E. Madison Street	Tampa, FL 33602
Directors	John A. Brabson, Jr.	111 E. Madison Street	Tampa, FL 33602
	Michael L. Carrere	111 E. Madison Street	Tampa, FL 33602
	J. T. Lykes, III	111 E. Madison Street	Tampa, FL 33602
	M. Lenny Pippin	111 E. Madison Street	Tampa, FL 33602