

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

FILED  
Jun 08, 1999 8:00 am  
Secretary of State

06-08-1999 90014 027 \*\*\*150.00

DOCUMENT # J34292 ✓

1. Corporation Name  
LYKES PASCO, INC.

Principal Place of Business

P.O. BOX 97  
HIGHWAY 301 NORTH  
DADE CITY FL 33526  
US

Mailing Address

400 N TAMPA ST  
411 E MADISON ST.  
TAMPA FL 33602  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1986

4. FEI Number

59-2721774

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 Tax.

☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

WATERS, ELIZABETH A  
400 N TAMPA 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

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	C	<input type="checkbox"/> DELETE
NAME	BRABSON, JOHN A. J	
STREET ADDRESS	400 N TAMPA ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	PIPPIN, LENNY M.	
STREET ADDRESS	400 N TAMPA ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GODFREY, FRED E III	
STREET ADDRESS	400 N TAMPA ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRANNEN, W.R.	
STREET ADDRESS	400 N TAMPA ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE:

*K.S. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*K.S. Johnson, Treasurer 4/22/99 813/223 3981*

Date

Daytime Phone #

CR2E034 (11/98)

0384173

571673-90014-27  
J34292

**LYKES PASCO, INC.**

P.O. Box 97  
Dade City, FL 33526

Federal Identification No.  
59-2721774

15000 U. S. Highway 301  
Dade City, FL 33523

Date of Incorporation  
September 15, 1986

Document No. J34292

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

Employee Relations Department  
Fax No. 352/521-2241

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

TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
Chief Executive Officer	M. Lenny Pippin	400 N. Tampa St.	Tampa, FL 33602
President and Chief Operating Officer	William Burgess	400 N. Tampa St.	Tampa, FL 33602
Senior Vice President (Processing)	W. R. Brannen	400 N. Tampa St.	Tampa, FL 33602
Senior Vice President (Manufacturing, Logistics and Warehousing)	Ron Bushaw	400 N. Tampa St.	Tampa, FL 33602
Vice President (Manufacturing)	Billy G. Neely	400 N. Tampa St.	Tampa, FL 33602
Vice President (Finance and Administration)	Larry Carlson	400 N. Tampa St.	Tampa, FL 33602
Vice President (Purchasing and General Manager)	Sheila Cappel	400 N. Tampa St.	Tampa, FL 33602
Vice President (Human Resources)	Ed Marcinowski	400 N. Tampa St.	Tampa, FL 33602

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**LYKES PASCO, INC.**

Vice President and Chief Financial Officer	Harry G. Leonardi	400 N. Tampa St.	Tampa, FL 33602
Treasurer	Kimberly Johnson	400 N. Tampa St.	Tampa, FL 33602
Vice President (Engineering and Maintenance)	Arturo G. Suarez	400 N. Tampa St.	Tampa, FL 33602
Vice President and Secretary	Elizabeth A. Waters	400 N. Tampa St.	Tampa, FL 33602
<b>Directors</b>	John A. Brabson, Jr.	400 N. Tampa St.	Tampa, FL 33602
	M. Lenny Pippin	400 N. Tampa St.	Tampa, FL 33602