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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # Nanie AGRI SALES,	J4139	5 (1)			1111	140 B161 B1606 11600 11410 11610 1	# 8   8   8   8   8   8   8   8   8   8		
Principal Plan	e of Business		Mailing Address	<del></del> _	<del></del>			(1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>		
Principal Place of Business  11500 OLD LAKELAND RD  111 E MADISON ST  DADECITY FL 33525			11500 OLD LAKELAN 111 E MADISON ST	11500 OLD LAKELAND RD						
US			U\$			f	Incorporated or Qualified 4/1986	3a. Date of Last F 04/29/1996	Report	
2. Principal Place of Business			1	2a. Mailing Address			umber	<del> </del>	opplied For	
21 26 Suite, Apt. #, etc Suite, Ap			26			28	2731442	60 75	lot Applicable Additional	
22				27			icate of Status Desired	4 +	Required	
City & State	é		City & State			6. Electi	on Campaign Financing	\$5.00	) May Be	
23			28				Trust Fund Contribution			
<b>Z</b> ip ====1	Country		Zip				8. This corporation has liability for intangible tax under s. 199.032,			
24	25     29   9. Name and Address of Current Registered Agent			30		Florida Statutes Yes No  10. Name and Address of New Registered Agent				
CILI	PSON, NATHA		ent negratored Agent		1 Name	10, 11011	5 MIG FOOT 68 01 1104 1	ohiereren vaeur		
	E MADISON S			ļ.	O Circui	Street Address (P.O. Box Numbor is Not Acceptable)				
TAMPA FL 33602					82 Street Add		ox inumber is not Accept	acie)		
				Ī	13					
				8	4 City		BS Zip Code			
11. Pursuant	to the provisions	of Sections 607.0	502 and 607,1508, Florida 5	Statutes, the abo	ve-named o	corporation subj	mits this statement for the	purpose of changing	its registered	
office or r agent. I a	egistered agent, m familiar with, a	or both, in the Sta ind accept the obl	ite of Florida, Such change ligations of, Section 607.050	was authorized 5, Florida Statu	by the corp tes.	oration's board	of directors. I hereby acc	apt the appointment as	s registered	
SIGNATURE	Shaudare besed as he	nied name of returned	agent and title if applicable	(NOTE Registered	Agent signature	required when reinstat	ino)	DATE		
12.			IND DIRECTORS	13.	ago in organization	ADDIT	IONS/CHANGES TO DEF	ICERS AND DIRECTO	RS IN 12	
THEF	EVP		DELET	E 1.1 TITL	E	See. A	Hacked for ons/ichange	☐ Change	☐ Addition	
NAME	1			1.2 NAME					,	
STREET ADDRESS	111 E. MADI	son street		1.3 STR	EET ADDRESS	Addit	ons/ Changes	\$		
City-St Zii	TAMPA FL		<b>P</b> (crust		·ST-ZIP	<del></del>	1			
T:TLF	PCO	4.1	<b>⊠</b> DELET	1	1			Change	Addition	
NAME CZOLL LABORICO	RANKIN, TOP			2.2 NAN						
STREET ADDRESS CITY-ST-ZIP	TAMPA FL	011 01			EET ADDRESS		1			
TITLE	S		DELET		Y-ST-ZIP		<del></del>	☐ Change	☐ Addition	
NAME	SCHINDLER,	DAVID		32 NAN	- 1					
STREET ADDRESS	111 E MADIS				EET ADDRESS		ì			
City - St - ZiP	TAMPA FL			3.4. CIT	Y-ST-ZIP					
Tritt	CFO		X DELET	E 4.1 TITS	E			Change	Addition	
NAME	BAILEY, B.T.			4. 2 NA	ME J		1			
STREET ACHINESS	111 E MADIS	ON ST		4.3 STR	EET ADDRESS					
CITY-ST-7IP	TAMPA FL		<b>⋈</b> DELET		- ST - ZIP	· · · · · · · · · · · · · · · · · · ·			1 1 1 1 1 1 1 1 1	
TITLE NAME	VP ECHAVE, JO	DUE	N METER		1		1	Change	Addition	
NAME STREET ADDRESS	111 E. MADI			5.2 NAN	EET ADDRESS		<b>{</b>			
CITY ST-7IP	TAMPA FL	JOH WINLE!			-ST-ZIP		1		,	
Illti	VPGM		DELET					Change	Addition	
NAME	HARDIE, COI	NRAD		6.2 NAN	Ī					
STREET ADDRESS	111 E. MADI			6.3 STR	EET ADDRESS					
City - S1 - Zift	TAMPA FL			6.4 CITY	'-ST-ZIP					
14 Edo borel	by certily that the	information suppl	hed with this bling does not	qualify for the e	remotion st	ated in Section	119.07(3)(i) Florida Statu	tes. I further certify that	d the	

I formation 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 chapterd, or on an attachment with an address.

SIGNATURE:

REQUIRED Q. R. Schindler

**FILED** 

May 15 1997 8:00am

Secretary of State

## LYKES AGRI SALES, INC.

P.O. Box 1758 Dade City, FL 33525

Highway 35A Dade City, FL 33525

Document No. J 41395

Fax No. 352/567-0044

Telephone No. 352/567-5622

Federal Identification No. 59-2731442

Date of Incorporation November 4, 1986

Incorporated State of Florida

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	D. R. Schindler	111 E. Madison Street	Tampa, FL 33602	
Directors	John A. Brabson, Jr. Michael L. Carrere J. T. Lykes, III M. Lenny Pippin	111 E. Madison Street 111 E. Madison Street 111 E. Madison Street 111 E. Madison Street	Tampa, FL 33602 Tampa, FL 33602 Tampa, FL 33602 Tampa, FL 33602	