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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90192 031 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J41395

1. Corporation Name
LYKES AGRI SALES, INC.

Principal Place of Business

11500 OLD LAKELAND RD
~~111 E MADISON ST~~
DADECITY FL 33525
US

Mailing Address

400 N TAMPA ST
TAMPA FL 33602
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1986

4. FEI Number

59-2731442

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATERS, ELIZABETH A
400 N TAMPA ST
TAMPA FL 33602

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **EVP** ☐ DELETE
NAME **HAMILTON, PAT R**
STREET ADDRESS **111 E. MADISON STREET**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **See Attached for Changes/Additions** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **C** ☐ DELETE
NAME **BRABSON, JOHN A. J**
STREET ADDRESS **400 N TAMPA ST**
CITY-ST-ZIP **TAMPA FL 33602**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PCEO** ☐ DELETE
NAME **PIPPIN, M LENNY**
STREET ADDRESS **400 N TAMPA ST**
CITY-ST-ZIP **TAMPA FL 33602**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **JOHNSON, KIMBERLY**
STREET ADDRESS **400 N TAMPA ST**
CITY-ST-ZIP **TAMPA FL 33602**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VPGM** ☐ DELETE
NAME **HARDIE, CONRAD**
STREET ADDRESS **400 N TAMPA ST**
CITY-ST-ZIP **TAMPA FL 33602**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

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

K.S. Johnson, Treasurer 4/24/99 813/223-2981

Date

Daytime Phone #

CR2E034 (11/98)

LYKES AGRI SALES, INC.

P.O. Box 1758
Dade City, FL 33525

Highway 35A
Dade City, FL 33525

Document No. J 41395

Telephone No. 352/567-5622
Fax No. 352/567-0044

Federal Identification No.
59-2731442

Date of Incorporation
November 4, 1986

Incorporated State of Florida

535413-90192-31
J41395

TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
Chief Executive Officer	M. Lenny Pippin	400 N. Tampa Street	Tampa, FL 33602
President and Chief Operating Officer	Pat R. Hamilton	400 N. Tampa Street	Tampa, FL 33602
Vice President (Finance and Administration)	Joe Birge	400 N. Tampa Street	Tampa, FL 33602
Vice President (Sales and Production)	Conrad Hardie	400 N. Tampa Street	Tampa, FL 33602
Treasurer	Kimberly Johnson	400 N. Tampa Street	Tampa, FL 33602
Vice President and Secretary	Elizabeth A. Waters	400 N. Tampa Street	Tampa, FL 33602
Vice President and Chief Financial Officer	Harry G. Leonardi	400 N. Tampa Street	Tampa, FL 33602
Directors	John A. Brabson, Jr. M. Lenny Pippin	400 N. Tampa Street 400 N. Tampa Street	Tampa, FL 33602 Tampa, FL 33602