

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90573 001 \*1,350.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** J41395

1. Entity Name

LYKES AGRI SALES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11500 OLD LAKELAND RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1690

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DADE CITY, FL

City & State

TAMPA, FL

4. FEI Number

59-2731442

Applied For

Not Applicable

Zip  
33525

Country  
US

Zip  
33601

Country  
US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

WATERS, ELIZABETH A

Street Address (P.O. Box Number is Not Acceptable)

400 N TAMPA ST

SUITE 2200

City

TAMPA

FL

Zip Code  
33602

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

| TITLE | NAME    | STREET ADDRESS     | CITY - ST - ZIP                   | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|---------|--------------------|-----------------------------------|-------|------|----------------|-----------------|
|       | C/D     | FERGUSON, HOWELL L | 400 N TAMPA ST<br>TAMPA, FL 33602 |       |      |                |                 |
|       | P/M     | HARDIE, CONRAD     | 400 N TAMPA ST<br>TAMPA, FL 33602 |       |      |                |                 |
|       | V/T/CFO | CASPER, SUSAN G    | 400 N TAMPA ST<br>TAMPA, FL 33602 |       |      |                |                 |
|       | V/S     | WATERS, ELIZABETH  | 400 N TAMPA ST<br>TAMPA, FL 33602 |       |      |                |                 |
|       | CAO     | BAUMAN, CARL       | 400 N TAMPA ST<br>TAMPA, FL 33602 |       |      |                |                 |
|       |         |                    |                                   |       |      |                |                 |

**DO NOT WRITE  
IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth A. Waters 4/26/02 (813) 470-5034

Date

Daytime Phone #

CR2E034B (12/01)