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400 N TAMPA ST

PROEIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400063767

1. Corporation Name

Principal Place of Business

111 E MADISON ST

LYKES SERVICES CO.

FILED
Jun 08, 1999 8:00 am
Secretary of State
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Suite	2 Principal Pl	ace of Business	2a Mailing Address			
Silte, Apt. #, etc. Silte, Apt. #, etc.			- -			
City & State Ci	Suite, Apt.	#, etc.	 	e, Apt. #, etc.		\$8.75 Additional
Trust Fund Contribution	22		27			5. Certificate of Status Desired Fee Required
23	City & State	•	City & State			
Value Valu	23					Trust Fund Contribution Added to Fees
WATERS, ELIZABETH A 400 N TAMPA ST TAMPA FL 33602 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the substance of the obligations of, Section 607.0505, Florida Statutes, the objection of Sections 607.0505, Florida Statutes, the objections board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the 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. Thereby accept the appointment as registered sections of the obligations of, Section 607.0505, Florida Statutes, the object of			├ - 1	Country		
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## A00 N TAMPA F1 33602 ## City FL 85 Zip Code ## Ci		g, Name and Address of Current	Registered Agent	81	Name	
## A00 N TAMPA F1 33602 ## City FL 85 Zip Code ## Ci	WATI	ers, elizabeth a				
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 director's. I hereby accept the epipoinhem as registered spent, I am familiar with, and accept the obligations of, Section 607.6505. Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE C Sec #Hackad. for the registered when remeastering and the state of Florida and the special tree of the state of Florida and the special tree of the state of Florida and the special tree of the state of Florida and the special tree of the state of Florida and the special tree of the state of Florida and the special tree of the corporation's board of directors. I hereby accept the exposition as the special tree of				82	Street	t Address (P.O. Box Number is Not Acceptable)
11. Piresuant to the provisions of Sections 807.0502 and 807.1508, 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 office or registered agent, and sected the obligations of, Section 607.0508, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE C DELETE 1.1 TITLE BRABSON, JOHN A. 1.2 NAME 1.2 NAME 1.2 NAME 1.2 NAME 1.3 NAME 1.4 NAME 1.4 NAME 1.4 NAME 1.5 SER #Na. Aud. for Change Addition NAME PCEO DELETE 2.1 TITLE PCEO DELETE 2.1 TITLE PCEO DELETE 2.1 TITLE PCEO DELETE 3.1 TITLE VP DELETE 4.1 TITLE VP Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/	TAM	PA FL 33602		83		
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12	•	Transaction with and according to a stage of	,,, ood,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	
TITLE C DELETE 1.1 TITLE See #His. Abd. in Ohangus #Addition Ohang	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: Regi	istered Agen	t signature r	e required when reinstating) DATE
NAME BRABSON, JOHN A. 12 NAME 1.3 STREET ADDRESS 400 N TAMPA ST 1.3 STREET ADDRESS 1.4 CITY-ST-ZP TAMPA FL 33602 1.4 CITY-ST-ZP TAMPA FL 33602 1.4 CITY-ST-ZP 1.7 CITY-ST	12.	OFFICERS AND		13.		
STREET ADDRESS A00 N TAMPA ST 13 STREET ADDRESS	TITLE	C	☐ DELETE	1.1 TITLE		See Attached for changes/Addstrons Change Addition
TAMPA FL 33602	NAME	BRABSON, JOHN A.		1.2 NAME		
TITLE	STREET ADDRESS	400 N TAMPA ST		1.3 STREET	ADDRESS	S
NAME	CITY-ST-ZIP				- ZIP	
STREET ADDRESS 400 N TAMPA ST 2.3 STREET ADDRESS						Change LJ Addition
TAMPA FL 33602		·				
TITLE VP	1	and the second s				S
NAME BUISSON, LOUIS 32 NAME 33 STREET ADDRESS 400 N TAMPA ST 33 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 34 CITY-ST-ZIP Change Addition					T- ZIP	☐ Change ☐ Addition
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TAMPA FL 33602 34. CITY-ST-ZIP					ADDDECC	s
TITLE VP			· ·			°
NAME LEONARDI, HARRY G					1-ZIF	☐ Change ☐ Addition
STREET ADDRESS 400 N TAMPA ST 4.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP TAMPA FL 33602	' i		j		ADDRESS	s
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS S3 STREET ADDRESS S4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition	. "		,			
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STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS					S
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP Florida Statutes I further certify that the information						

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 informationated 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:

KS. Jahnson, Treasure 4/22/59 813/223-3981

LYKES SERVICES CO.

P.O. Box 300 Tampa, FL 33601

400 N. Tampa Street Tampa, FL 33602

Document No. P94000063767

Telephone No. 813/223-3981

Federal Identification No.

59-3266108

Date of Incorporation

August 30, 1994

D94000X3767

Incorporated State of Florida

TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
President and Chief Executive Officer	M. Lenny Pippin	400 N. Tampa Street	Tampa, FL 33602
Vice President (Human Resources)	Louis Buisson	400 N. Tampa Street	Tampa, FL 33602
Vice President and Chief Financial Officer	Harry G. Leonardi	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
Directors	John A. Brabson, Jr. M. Lenny Pippin	400 N. Tampa Street 400 N. Tampa Street	Tampa, FL 33602 Tampa, FL 33602