

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000063767**

1. Entity Name

LYKES SERVICES CO.**FILED**
May 19, 2000 8:00 am
Secretary of State

04-26-2000 90195 036 ***150.00

Principal Place of Business

Mailing Address

400 N TAMPA ST
STE. 2000
TAMPA FL 33602400 N TAMPA ST
STE. 2000
TAMPA FL 33602-4793
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3266108**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATERS, ELIZABETH A
400 N TAMPA ST
TAMPA FL 33602

Name

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

City

FL

Zip Code

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 re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BRABSON, JOHN A.**
STREET ADDRESS **400 N TAMPA ST**
CITY-ST-ZIP **TAMPA FL 33602**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PCEO** ☐ Delete
NAME **PIPPIN, M. LENNY**
STREET ADDRESS **400 N TAMPA ST**
CITY-ST-ZIP **TAMPA FL 33602**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **BUISSON, LOUIS**
STREET ADDRESS **400 N TAMPA ST**
CITY-ST-ZIP **TAMPA FL 33602**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **LEONARDI, HARRY G**
STREET ADDRESS **400 N TAMPA ST**
CITY-ST-ZIP **TAMPA FL 33602**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **JOHNSON, KIMBERLY**
STREET ADDRESS **400 N TAMPA ST**
CITY-ST-ZIP **TAMPA FL 33602**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPS** ☐ Delete
NAME **WATERS, ELIZABETH**
STREET ADDRESS **400 N TAMPA ST**
CITY-ST-ZIP **TAMPA FL 33602**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan G. Casper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Susan G. Casper, VP/T 4/18/00 (813) 470-5075**

Date

Daytime Phone #

CR2E034 (9/99)

P94000063767

D0038934

LYKES SERVICES CO.

DIRECTORS

Howell L. Ferguson

OFFICERS

Howell L. Ferguson

Susan G. Casper

Elizabeth A. Waters

Chairman of the Board & President

Vice President, Chief Financial Officer & Treasurer

Vice President, General Counsel & Secretary

ADDRESS

The address for each of the Directors and Officers listed above is:

400 N. Tampa Street
Tampa, Florida 33602

