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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morganham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S51233

(2)

1. Corporation Name

LYKES PASCO PACKING CO.

Principal Place of Business

**111 E MADISON STREET
TAMPA FL 33602**

Mailing Address

**111 E MADISON STREET
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified
05/09/1991

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3066061

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

6. This corporation has liability for intangible tax under G. 109.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 **P.O. Box 599**

Suite, Apt. #, etc.

22 **300 So. Alameda 27**

City & State

23 **Lake Hamilton, FL**

Zip

24 **33851**

Country
U.S.A.

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**SIMPSON, NATHAN B.
111 E MADISON STREET
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name **Same**

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

TITLE **PD**
NAME **RANKIN, TOM L.**
STREET ADDRESS **111 E MADISON STREET**
CITY - ST - ZIP **TAMPA FL**

TITLE **ST**
NAME **SCHINDLER, DAVID R.**
STREET ADDRESS **111 E MADISON STREET**
CITY - ST - ZIP **TAMPA FL**

TITLE **EVP**
NAME **RICE, T.G.**
STREET ADDRESS **1302-26 NORTH SEVENTH ST.**
CITY - ST - ZIP **DADE CITY FL**

TITLE **SVP**
NAME **GODFREY, H F**
STREET ADDRESS **1302-26 NORTH AVE ST**
CITY - ST - ZIP **DADE CITY FL**

TITLE **VPAS**
NAME **CHAMBERS, JOHN P.**
STREET ADDRESS **1302-26 NORTH SEVENTH ST**
CITY - ST - ZIP **DADE CITY FL**

TITLE **CFO**
NAME **BAILEY, B.T.**
STREET ADDRESS **111 E MADISON ST**
CITY - ST - ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

See attached list

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Ken S. Morgan / Assistant Treasurer

Date

4/17/95

Telephone Number

(813) 223-3981

**P. O. Box 399
Lake Hamilton, Florida 33851**

**Federal Identification No.
59-3066061**

**Street Address:
300 Alt. Highway 27
Lake Hamilton, FL 33851**

**Date of Incorporation
May 9, 1991**

Document No. S51233

**Telephone No. 813/439-1987
FAX 813/439-6623**

OFFICERS

**Tom L. Rankin - Chairman of the Board, President and Chief Executive Officer
T. G. Rice - Executive Vice President
F. E. Godfrey III - Senior Vice President - Procurement
John P. Chambers - Vice President, Chief Accounting Officer and Assistant Secretary
B. T. Bailey - Chief Financial Officer
Kimberly Johnson - Treasurer
D. R. Schindler - Secretary
Kenneth D. Morgan - Assistant Treasurer
Chris Vines - Controller**

DIRECTORS

**Michael L. Carrere
J. T. Lykes, III
Tom L. Rankin**