

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S51233

(2)

1. Corporation Name

LYKES PASCO-PACKING CO.

Principal Place of Business

P.O. BOX 599  
300 SO. ALTERNATE 27  
LAKE HAMILTON FL 33851  
US

Mailing Address

111 E MADISON STREET  
TAMPA FL 33602

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**FILED**  
Apr 29, 1996 08:00 AM  
Secretary of State



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 2a. Mailing Address |         |
| 21                             |         | 26                  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| 22                             |         | 27                  |         |
| City & State                   |         | City & State        |         |
| 23                             |         | 28                  |         |
| Zip                            | Country | Zip                 | Country |
| 24                             |         | 29                  |         |
| 25                             |         | 30                  |         |

|                                                                                                                                                              |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified                                                                                                                            | 3a. Date of Last Report        |
| 05/09/1991                                                                                                                                                   | 04/26/1995                     |
| 4. FEI Number                                                                                                                                                | Applied For                    |
| 59-3066061                                                                                                                                                   | Not Applicable                 |
| 5. Certificate of Status Desired                                                                                                                             | \$8.75 Additional Fee Required |
| <input type="checkbox"/>                                                                                                                                     |                                |
| 6. Election Campaign Financing Trust Fund Contribution                                                                                                       | \$5.00 May Be Added to Fees    |
| <input type="checkbox"/>                                                                                                                                     |                                |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |

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                                               |
| 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 the appointor

Initials Registered Agent (signature required after first filing)

DATE

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------|-------------------------------------------------------|--|
| TITLE                      | PD                        | 1.1 TITLE                                             |  |
| NAME                       | RANKIN, TOM L.            | 1.2 NAME                                              |  |
| STREET ADDRESS             | 111 E MADISON STREET      | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TAMPA FL                  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | ST                        | 2.1 TITLE                                             |  |
| NAME                       | SCHINDLER, DAVID R.       | 2.2 NAME                                              |  |
| STREET ADDRESS             | 111 E MADISON STREET      | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TAMPA FL                  | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | EVP                       | 3.1 TITLE                                             |  |
| NAME                       | RICE, T.G.                | 3.2 NAME                                              |  |
| STREET ADDRESS             | 1302-26 NORTH SEVENTH ST. | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DADE CITY FL              | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SVP                       | 4.1 TITLE                                             |  |
| NAME                       | GODFREY, II F             | 4.2 NAME                                              |  |
| STREET ADDRESS             | 1302-26 NORTH AVE ST      | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DADE CITY FL              | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VPAS                      | 5.1 TITLE                                             |  |
| NAME                       | CHAMBERS, JOHN P.         | 5.2 NAME                                              |  |
| STREET ADDRESS             | 1302-26 NORTH SEVENTH ST  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DADE CITY FL              | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | CFO                       | 6.1 TITLE                                             |  |
| NAME                       | BAILEY, B.T.              | 6.2 NAME                                              |  |
| STREET ADDRESS             | 111 E MADISON ST          | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TAMPA FL                  | 6.4 CITY-ST-ZIP                                       |  |

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 119.07(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, changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

(813) 223-3981

DATE AND PHONE NO.

CR2E034 (12/95)

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**LYKES PASCO PACKING CO.**

P.O. Box 599  
Lake Hamilton, FL 33851

Federal Identification No.  
59-3066061

300 Alt. Highway 27  
Lake Hamilton, FL 33851

Date of Incorporation  
May 9, 1991

Document No. S51233

Incorporated State of Florida

Telephone No. 813/439-1987  
Fax No. 813/439-6623

| TITLE                                                                  | NAME               | STREET ADDRESS        | CITY/STATE/ZIP  |
|------------------------------------------------------------------------|--------------------|-----------------------|-----------------|
| Chairman of the Board,<br>President, and Chief<br>Executive Officer    | Tom L. Rankin      | 111 E. Madison Street | Tampa, FL 33602 |
| Executive Vice President                                               | Pat R. Hamilton    | 111 E. Madison Street | Tampa, FL 33602 |
| Senior Vice President &<br>Chief Financial Officer                     | B. T. Bailey       | 111 E. Madison Street | Tampa, FL 33602 |
| Senior Vice President<br>(Procurement)                                 | F. E. Godfrey, III | 111 E. Madison Street | Tampa, FL 33602 |
| Vice President, Chief<br>Accounting Officer and<br>Assistant Secretary | Joe Birge          | 111 E. Madison Street | Tampa, FL 33602 |
| Vice President<br>(Employee Relations)                                 | Jorge Echave       | 111 E. Madison Street | Tampa, FL 33602 |
| Vice President of<br>Legal Affairs and Tax                             | Steven D. Lear     | 111 E. Madison Street | Tampa, FL 33602 |
| Treasurer                                                              | Kimberly Johnson   | 111 E. Madison Street | Tampa, FL 33602 |
| Secretary                                                              | D. R. Schindler    | 111 E. Madison Street | Tampa, FL 33602 |

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**LYKES PASCO PACKING CO.**

**Directors**

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

111 E. Madison Street  
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111 E. Madison Street

Tampa, FL 33602  
Tampa, FL 33602  
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