

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S51233** ✓

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

400 N TAMPA ST
TAMPA FL 33602
US

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90014 026 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1991

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

WATERS, ELIZABETH A
400 N TAMPA ST
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	BRABSON, JOHN A. J	
STREET ADDRESS	400 N TAMPA ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	PIPPIN, M. LENNY	
STREET ADDRESS	400 N TAMPA ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOHNSON, KIMBERLY	
STREET ADDRESS	400 N TAMPA ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	See Attached for Changes/Additions	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

K.S. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K.S. Johnson, Treasurer 4/22/99 812/423-3781

Date

Daytime Phone #

CR2E034 (1/98)

571672-90014-26
S51233

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
Chief Executive Officer	M. Lenny Pippin	400 N. Tampa Street	Tampa, FL 33602
President and Chief Operating Officer	Michael L. Carrere	400 N. Tampa Street	Tampa, FL 33602
Vice President (Finance and Administration)	Joe Birge	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
Vice President and Chief Financial Officer	Harry G. Leonardi	400 N. Tampa Street	Tampa, FL 33602
General Manager	Joseph P. Youngblood	400 N. Tampa Street	Tampa, FL 33602
Directors	John A. Brabson, Jr.	400 N. Tampa Street	Tampa, FL 33602
	M. Lenny Pippin	400 N. Tampa Street	Tampa, FL 33602