

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **V69701** (3)

1. Corporation Name
LYKES MINERALS CORP.

Principal Place of Business

**111 E MADISON ST
SUITE 2000
TAMPA FL 33602**

Mailing Address

**111 E MADISON ST
SUITE 2000
TAMPA FL 33602-4710**



3. Date Incorporated or Qualified 10/07/1992	3a. Date of Last Report 04/29/1996
4. FEI Number 59-3146119	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SIMPSON, NATHAN B.
111 E MADISON ST
SUITE 2300
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PCD <input checked="" type="checkbox"/> DELETE
NAME	RANKIN, TOM L
STREET ADDRESS	111 E MADISON ST #2000
CITY - ST - ZIP	TAMPA FL
TITLE	CEO <input checked="" type="checkbox"/> DELETE
NAME	RANKIN, TOM L
STREET ADDRESS	111 E MADISON ST #2000
CITY - ST - ZIP	TAMPA FL
TITLE	CFO <input checked="" type="checkbox"/> DELETE
NAME	BAILEY, B.T.
STREET ADDRESS	111 E MADISON ST
CITY - ST - ZIP	TAMPA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	SCHINDLER, DAVID R.
STREET ADDRESS	111 E MADISON ST
CITY - ST - ZIP	TAMPA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	JOHNSON, KIMBERLY
STREET ADDRESS	111 E. MADISON STREET
CITY - ST - ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	See Attached for Additions/Changes
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

D.R. Schindler **D.R. Schindler**

Date **8/13/2023** Daytime Phone # **3981**

CR2E034 (9/96)

LYKES MINERALS CORP.

P.O. Box 1690
Tampa, FL 33601

Federal Identification No.
59-3146119

Document No. V69701

Date of Incorporation
October 7, 1992

Telephone No. 813/223-3981

Incorporated State of Florida

TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
Chairman of the Board	John A. Brabson, Jr.	111 E. Madison Street	Tampa, FL 33602
President and Chief Executive Officer	M. Lenny Pippin	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
Directors	John A. Brabson, Jr.	111 E. Madison Street	Tampa, FL 33602
	Michael L. Carrere	111 E. Madison Street	Tampa, FL 33602
	J. T. Lykes, III	111 E. Madison Street	Tampa, FL 33602
	M. Lenny Pippin	111 E. Madison Street	Tampa, FL 33602