FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED

95 MAY -1 AM 4:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 275516 (3)

1. Corporation Name

SEABOARD COLD STORAGE, INC.

Principal Place of Business	Mailing Address
110 SOUTH 11TH STREET P. O. BOX 798 TAMPA FL 33601	110 SOUTH 11TH STREET P. O. BOX 798 TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1963
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1030417 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business: 21 | Suite, Apt. #, etc.: 22 | City & State: 23 | Zip: 24 | Country: 25

2a. Mailing Address: 26 | Suite, Apt. #, etc.: 27 | City & State: 28 | Zip: 29 | Country: 30

9. Name and Address of Current Registered Agent

KALISH, WILLIAM
2700 BARNETT PLAZA
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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREENBAUM, ELLIOT M
STREET ADDRESS	110 SOUTH 11TH STREET
CITY ST ZIP	TAMPA, FL 00000
TITLE	S
NAME	MINNER, ROBERT L
STREET ADDRESS	110 SO. 11TH ST.
CITY ST ZIP	TAMPA FL
TITLE	TDV
NAME	GREENBAUM, LOIS
STREET ADDRESS	110 S 11TH ST
CITY ST ZIP	TAMPA, FL 00000
TITLE	TD
NAME	GREENBAUM, LOIS
STREET ADDRESS	110 S 11TH ST
CITY ST ZIP	TAMPA, FL 00000
TITLE	D
NAME	GREENBAUM, TOBA
STREET ADDRESS	110 S 11TH ST
CITY ST ZIP	TAMPA, FL 00000
TITLE	D
NAME	KOGOD, SANDRA
STREET ADDRESS	110 S. 11TH ST.
CITY ST ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(blocks 11–64: Title, Name, Street Address, City St Zip — ☐ Change ☐ Addition; all blank)

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)(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: Robert L. Minner — 4-28-95 — 813-229-7751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT L. MINNER SECRETARY

0442212 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 $1.95 B63812

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

APPROVED AND FILED

DOCUMENT # 284523 (8)

1. Corporation Name

FLORIDA CARIB FISHERY, INC.

Principal Place of Business	Mailing Address
25 S.W. SOUTH RIVER DRIVE MIAMI FL 33130	P.O. BOX 41430 JACKSONVILLE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1964	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1055018	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 has liability for intangible tax under S. 199.032, Florida Statutes. ☑ Yes ☐ No	INCLUDED IN CONSOLIDATED #59-0737364

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 32203-1430 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRISCH, ALFRED 1741 W. BEAVER ST JACKSONVILLE FL ~~32205~~ 32209	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~ D	TITLE	D P ☑ Change ☐ Addition
NAME	FRISCH,ALFRED	NAME	
STREET ADDRESS	1741 WEST BEAVER ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	SANCHEZ,CARLOS	NAME	
STREET ADDRESS	25 S.W. SOUTH RIVER DR.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130-1422	CITY-ST-ZIP	
TITLE	~~P~~	TITLE	D V ☑ Change ☐ Addition
NAME	FRISCH,HANS	NAME	
STREET ADDRESS	1741 WEST BEAVER ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	
TITLE		TITLE	D ☐ Change ☑ Addition
NAME		NAME	E. KARL FRISCH
STREET ADDRESS		STREET ADDRESS	1741 WEST BEAVER ST.
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE		TITLE	D S T ☐ Change ☑ Addition
NAME		NAME	BENJAMIN P. FRISCH
STREET ADDRESS		STREET ADDRESS	1741 WEST BEAVER ST.
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(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: HANS FRISCH 4/28/95 (904) 354-8533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022349 CP