

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

FILED
 May 01 1996 8:00 am
 Secretary of State

DOCUMENT # **275516 (3)**
 1. Corporation Name
SEABOARD COLD STORAGE, INC.



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

Mailing Address
**110 SOUTH 11TH STREET
 P. O. BOX 798
 TAMPA FL 33601**

3. Date Incorporated or Qualified **11/07/1963** 3a. Date of Last Report **05/01/1995**
 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 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 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 **Jeremy E. Gluckman**
 82 Street Address (P.O. Box Number is Not Acceptable) **707 N. Franklin Street**
 83 **9th Floor**
 84 City **Tampa** FL 85 Zip Code **33602**

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 *Jeremy E. Gluckman* **5/30/96**
 Signature typed or printed name of registered agent and block of applicant (delete) Registered Agent signature requested (delete) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREENBAUM, ELLIOT M	
STREET ADDRESS	110 SOUTH 11TH STREET	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MINNER, ROBERT L	
STREET ADDRESS	110 SO. 11TH ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TDV	<input type="checkbox"/> DELETE
NAME	GREENBAUM, LOIS	
STREET ADDRESS	110 S 11TH ST	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GREENBAUM, LOIS	
STREET ADDRESS	110 S 11TH ST	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENBAUM, TOBA	
STREET ADDRESS	110 S 11TH ST	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOGOD, SANDRA	
STREET ADDRESS	110 S. 11TH ST.	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<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 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 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Minner* **ROBERT L. MINNER** **4-30-96** **813-229-7951**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)