


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 275516							
1. Entity 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				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.					
City & State		City & State		4. FEI Number 59-1030417			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
JEREMY E. GLUCKMAN 707 N FRANKLIN ST 9TH FLOOR TAMPA FL 33602			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)			
				DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GREENBAUM, ELLIOT M		NAME	U00000016354			
STREET ADDRESS	110 SOUTH 11TH STREET		STREET ADDRESS	01/28/04-80052-002 150.00			
CITY-ST-ZIP	TAMPA, FL 00000		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MINNER, ROBERT L		NAME				
STREET ADDRESS	110 SO. 11TH ST.		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP				
TITLE	TDV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GREENBAUM, LOIS		NAME				
STREET ADDRESS	110 S 11TH ST		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 00000		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GREENBAUM, TOBA		NAME				
STREET ADDRESS	110 S 11TH ST		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 00000		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KOGOD, SANDRA		NAME				
STREET ADDRESS	110 S. 11TH ST.		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert L. Minner* **ROBERT L. MINNER** 1-21-04 813-229-7951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #