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Mar 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 835148

1. Corporation Name
SEABOARD ADJUSTMENT BUREAU, INC.

Principal Place of Business

Mailing Address

360 SUNRISE HIGHWAY
BOX 1128
W BABYLON NY 11704-5902

360 SUNRISE HIGHWAY
BOX 1128
W BABYLON NY 11704-5902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1975

4. FEI Number

11-1870308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

**\$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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOCH, LAWRENCE W.

~~585 MOONPENNY CIR~~

~~PT. ORANGE FL 32127~~

see Below

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HOCH, LAWRENCE A.
STREET ADDRESS 14 CASTLE LANE
CITY-ST-ZIP BAYSHORE NY

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME HOCH, LAWRENCE W.
STREET ADDRESS ~~585 MOONPENNY CIR~~
CITY-ST-ZIP ~~PORT ORANGE FL~~

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **788 PHEASANT RUN COURT**
2.4 CITY-ST-ZIP **PORT ORANGE, FLORIDA**

TITLE SD ☐ DELETE
NAME HOCH, LILA
STREET ADDRESS 14 CASTLE LANE
CITY-ST-ZIP BAYSHORE NY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VT ☐ DELETE
NAME KENNETH J. PARKER
STREET ADDRESS ~~162 E. CONCOURSE~~
CITY-ST-ZIP ~~BRIGHTWATER NY~~

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **37 BROAD LAWN AVE**
4.4 CITY-ST-ZIP **CENTRAL ISIP, N.Y.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Lawrence C. Hoch, President

2/1/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)