

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **K17500 (5)**
1. Corporate Name
SEABOARD COLD STORAGE OF PLANT CITY, INC.

Principal Place of Business: **110 SOUTH 11TH ST TAMPA FL 33602**
Mailing Address: **110 SOUTH 11TH ST TAMPA FL 33602**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
3. Date of Incorporation or Qualification: **03/08/1988**
3a. Date of Last Report: **04/21/1994**
4. FFI Number: **59-2877973**
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
7. This corporation has complied with the provisions of the Florida Statutes: Yes No

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **03/08/1988**
3a. Date of Last Report: **04/21/1994**
4. FFI Number: **59-2877973**
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
7. This corporation has complied with the provisions of the Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GLUCKMAN, JEREMY E.
100 TWIGGS ST
SUITE 220
TAMPA FL 33602**

10. Name and Address of Now Registered Agent

B1 Name: _____
B2 Street Address (P.O. Box Number or Not Applicable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of the laws of the State of Florida, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to that 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 hereby appointed as registered agent of the above named Florida Statutes.

SIGNATURE: _____ (Name of Current Registered Agent) _____ (Name of Now Registered Agent)

12. OFFICERS AND DIRECTORS

| | |
|---------|---|
| OFFICER | PD GREENBAUM, ELLIOT M. 110 SOUTH 11TH ST TAMPA FL |
| OFFICER | VD GREENBAUM, LOIS 110 SOUTH 11TH ST TAMPA FL |
| OFFICER | STD MINNER, ROBERT 110 SOUTH 11TH ST TAMPA FL |
| OFFICER | |
| OFFICER | |
| OFFICER | |
| OFFICER | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY, STATE, ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY, STATE, ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY, STATE, ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY, STATE, ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and true, and I qualify for the appointment stated in law hereon. I further certify that the officers and directors are the correct report of supplemental annual report, true and accurate and that my signature shall have the same legal effect as if my name were on the report. I shall be held liable for the consequences of the omission or inclusion of any information required by Chapter 135, Florida Statutes, and that my name appears in Block 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

SIGNATURE: *Robert L. Minner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT L. MINNER TREASURER

4-28-95 819-229-7951