

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90036 035 \*\*\*150.00

**DOCUMENT # K17500**

1. Entity 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

5601 N. ANDERSON ROAD

3. Mailing Address

P.O. Box 798

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33614

Country

Zip

33601

Country

4. FEI Number

59-2877973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GLUCKMAN, JEREMY E.  
100 TWIGGS ST  
SUITE 220  
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GREENBAUM, ELLIOT M.  
STREET ADDRESS 110 SOUTH 11TH ST  
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ Delete  
NAME GREENBAUM, LOIS  
STREET ADDRESS 110 SOUTH 11TH ST  
CITY-ST-ZIP TAMPA FL

TITLE STD ☐ Delete  
NAME MINNER, ROBERT  
STREET ADDRESS 110 SOUTH 11TH ST  
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Minner

ROBERT MINNER

1-30-06

813-887-5984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #