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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

K44901

(2)

DOCUMENT # K44901 (2)  1. Corporation Name  SEABOARD COLD STORAGE OF WINTER HAVEN, INC.  Principal Place of Business  Mailing Address  110 S 11TH ST. (33602) P 0 B0X 798 TAMPA FL 33601  TAMPA FL 33601  TAMPA FL 33601							
IAMEN EL S	skoi	TAMEN PL 33001		3. Date Incorporated or Qualified 11/14/1988	3a. Date of Last R 08/08/1		
2. Principal Plac	ce of Business	2a, Mailing Address 26	<del></del>	4. FEI Number 59-2921134	ļ <b>ļ</b> -	Applied For	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Not Applicable  Additional	
<u> </u>	er enne der entre die Wilderbeiter einer der eine eine der eine der	27		5. Certificate of Status Desired		Required	
Orty & State		City & State		Election Campaign Financing     Trust Fund Contribution		May Be	
Zip	Country	Zip	Country	This corporation has liability for		d to Fees 199.032.	
	25	29	30		s □No		
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New F	Registered Agent		
	- WILLIAM		81 Name	remu E. Gluck	man		
	KENNEDY BLVD		82 Street	Address (P. Box Number is Not Acceptat		-	
	ARNETT PLAZA		83	N. Franklin.	street		
TAMPA			194	h Floor			
					85   Zi	p Code	
Pursuant to or registered familiar with	the provisions of Sections 607.050/ d agent, or both, in the State of Flori , and accept the obligations of, Sec	2 and 607.1506, Florida Statute ida: Such change was authoriza tion,607.0505, Florida Statutes	es, the above named co	rporation submits this statement for the publicand of directors. Thereby accept the app	FL 3'	<b>3 6 0 2</b> registered offici Lagent, Larn	
or registered familiar with GNATURE si	diagent, or both, in the State of Flori , and accept the obligations of, Sec grap a, typed or printed name of registers by or	id-i Such change was authorize tion 607.0505, Florida Statutes	es the above named co	rporation Submits this statement for the publicand of directors. Thereby accept the approperties in resisting	FL 3:  Irpose of changing its reposered  F/30 / 9 ( DATE	registered offici Lagent, Larin	
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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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 813-229-2951