

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000096208 (0)

1. Corporation Name

SEABOARD FARMS OF ORLANDO, INC.



Principal Place of Business

7594 CHANCELLOR DRIVE
ORLANDO FL 32809

Mailing Address

POST OFFICE BOX 568548
ORLANDO FL 32809

3. Date Incorporated or Qualified
12/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number
59-3349400

Applied For
Not Applicable

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5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

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8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE	Director	<input type="checkbox"/> DELETE
NAME	H.H. Bresky	
STREET ADDRESS	200 Boylston Street	
CITY - ST - ZIP	Newton, MA 02167	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Harry T. McDonald Jr.	
STREET ADDRESS	1255 Roberts Blvd., Suite 100	
CITY - ST - ZIP	Kennesaw, GA 30411	
TITLE	Vice President/Treasurer	<input type="checkbox"/> DELETE
NAME	J.E. Rodrigues	
STREET ADDRESS	9000 W. 67th Street	
CITY - ST - ZIP	Shawnee Mission, KS 66202	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Rick J. Hoffman	
STREET ADDRESS	9000 W. 67th Street	
CITY - ST - ZIP	Shawnee Mission, KS 66202	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Jack Miller	
STREET ADDRESS	9000 W. 67th Street	
CITY - ST - ZIP	Shawnee Mission, KS 66202	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Marshall L. Tutun	
STREET ADDRESS	One Post Office Square	
CITY - ST - ZIP	Boston, MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David M. Becker	
1.3 STREET ADDRESS	9000 W. 67th Street	
1.4 CITY - ST - ZIP	Shawnee Mission, KS 66202	
2. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: David M. Becker Ass't Sec. 2/19/96 913-676-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)