

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90177 043 ***150.00

DOCUMENT # P95000096208

1. Corporation Name

SEABOARD FARMS OF ORLANDO, INC.

Principal Place of Business

7594 CHANCELLOR DRIVE
ORLANDO FL 32809

Mailing Address

7594 CHANCELLOR DR
ORLANDO FL 32809
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1995

4. FEI Number

59-3349400

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME D
BRESKY, H H
STREET ADDRESS 200 BOYLSTON STREET
CITY-ST-ZIP NEWTON MA 02167

TITLE ☐ DELETE

NAME T
RODRIGUES, J.E.
STREET ADDRESS 9000 W 67TH ST
CITY-ST-ZIP SHAWNEE MISSION KS

TITLE ☐ DELETE

NAME VP
STEER, ROBERT L
STREET ADDRESS 9000 W 67TH STREET
CITY-ST-ZIP SHAWNEE MISSION KS

TITLE ☐ DELETE

NAME P
JACKSON, DONALD
STREET ADDRESS 1255 ROBERTS BLVD #100
CITY-ST-ZIP KENNESAW GA

TITLE ☐ DELETE

NAME AS
BECKER, DAVID M
STREET ADDRESS 9000 W 67TH STREET
CITY-ST-ZIP SHAWNEE MISSION KS

TITLE ☐ DELETE

NAME S
TUTUN, MARSHALL L
STREET ADDRESS ONE POST OFFICE SQUARE
CITY-ST-ZIP BOSTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 200 Newton Bridge Road
4.4 CITY-ST-ZIP Athens, GA 30607

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: Robert L. Steer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99

Date

913-676-8800

Daytime Phone #

CR2E034 (11/98)