

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # S97855

1. Entity Name

SEABOARD COLD STORAGE OF ANDERSON ROAD, INC.



Principal Place of Business

5601 NORTH ANDERSON RD
TAMPA FL 33614

Mailing Address

PO BOX 798
TAMPA FL 33601



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3097774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: DP ☐ Delete
NAME: GREENBAUM, ELLIOT
STREET ADDRESS: 110 S. 11TH ST.
CITY- ST- ZIP: TAMPA FL

TITLE: ST ☐ Delete
NAME: GREENBAUM, LOIS
STREET ADDRESS: 110 S. 11TH ST.
CITY- ST- ZIP: TAMPA FL

TITLE: DV ☐ Delete
NAME: GREENBAUM, TOBA
STREET ADDRESS: 110 S. 11TH ST.
CITY- ST- ZIP: TAMPA FL

TITLE: D ☐ Delete
NAME: KOGOD, SANDRA
STREET ADDRESS: 110 S. 11TH ST.
CITY- ST- ZIP: TAMPA FL

TITLE: S ☐ Delete
NAME: MINNER, ROBERT L
STREET ADDRESS: 116 SOUTH 11TH STREET
CITY- ST- ZIP: TAMPA FL 32602

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: **11000000622514**
STREET ADDRESS: **02/13/07-80032-023 150.00**
CITY- ST- ZIP:

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

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NAME:
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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 L. Minner **ROBERT L. MINNER** 1-26-07 813-887-5984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #