

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 338751

1. Entity Name
**PUBLIC QUICK FREEZING AND COLD STORAGE
COMPANY**



Principal Place of Business
**1741 W. BEAVER ST.
JACKSONVILLE, FL 32209 US**

Mailing Address
**PO BOX 41430
JACKSONVILLE, FL 32203-1430 US**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1226430	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BEAVER STREET FOODS, INC.
1741 W BEAVER ST
JACKSONVILLE, FL 32209**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000534334
05/08/06-80007-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVAS
NAME	FRISCH, HANS
STREET ADDRESS	1741 W BEAVER ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DPST
NAME	FRISCH, BENJAMIN
STREET ADDRESS	1741 W BEAVER ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	FRISCH, E. KARL
STREET ADDRESS	1741 W. BEAVER STREET
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HANS FRISCH

4/25/06

Date

Daytime Phone #

**(904)
354-8533**