FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J71017** (4)

1. Corporation Name
MALLARD HOMES, INC.

Principal Place of Business	Mailing Address
7507 S. TAMIAMI TRAIL STE 19 SARASOTA FL 34231 US	7507 S. TAMIAMI TRAIL STE 19 SARASOTA FL 34231 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1987
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2891958 [ ] 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 has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 Country 25 / Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SABA, RICHARD 1390 SMAIN STREET SUITE 824 SARASOTA FL 34236	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	[ ] Change [ ] Addition
NAME	WILLIAMS, MAX A.	
STREET ADDRESS	4810 GREYMOSS LN.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPT	[ ] Change [ ] Addition
NAME	SLAVIN, STEPHANIE	
STREET ADDRESS	4810 GREYMOSS LN.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
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)(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.

SIGNATURE: [signature] MAX A. WILLIAMS 4/27/95 813-925-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0338786 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -4 AM 11:05

DOCUMENT # J71404 (4)

1. Corporation Name
BEAVER STREET FREEZER, INC.

Principal Place of Business	Mailing Address
1741 W. BEAVER ST. P.O. BOX 40203 JACKSONVILLE FL ~~32209~~	1741 W. BEAVER ST. P.O. BOX 40203 JACKSONVILLE FL ~~32209~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 32203-1430 County 25	Zip 29 32203-1430 County 30

3. Date Incorporated or Qualified: 05/05/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2805689 ☐ 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 has liability for intangible tax under s. 199.042, Florida Statutes. ☑ Yes ☐ No *INCLUDED IN CONSOLIDATED #59-2941512*

9. Name and Address of Current Registered Agent

FRISCH, HANS
1745 W. BEAVER STREET
JACKSONVILLE FL 32209

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	~~D~~	TITLE	*D V AS* ☑ Change ☐ Addition
NAME	FRISCH, HANS	NAME	
STREET ADDRESS	1741 W BEAVER ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	EBERHARDT, EUGENE	NAME	
STREET ADDRESS	1741 W. BEAVER ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	EDWARDS, JEFF	NAME	
STREET ADDRESS	1741 W. BEAVER ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	FRISCH, BENJAMIN P.	NAME	
STREET ADDRESS	1741 W. BEAVER ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	ROBERTS, NOEL	NAME	
STREET ADDRESS	1741 W. BEAVER ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	EVANS, PETER	NAME	
STREET ADDRESS	1741 W. BEAVER ST.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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: [signature] *HANS FRISCH* *4/24/95* *(904) 354-8533*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0023020 CP