

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # J71017

(4)

95 MAY -1 AM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

MALLARD HOMES, INC.

Principal Place of Business

7507 S. TAMiami TRAIL
STE 19
SARASOTA FL 34231
US

Mailing Address

7507 S. TAMiami TRAIL
STE 19
SARASOTA FL 34231
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

05/05/1987

3a. Date of Last Report

04/22/1994

4. FIC 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 unreported tax under S. 190.032
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21. State, Apt # etc.

22. City & State

23. City & State

24. City & State

25. City & State

26. City & State

27. City & State

28. City & State

29. City & State

30. City & State

2a. Mailing Address

26. State, Apt # etc.

27. City & State

28. City & State

29. City & State

30. City & State

31. City & State

32. City & State

33. City & State

34. City & State

35. City & State

9. Name and Address of Current Registered Agent

SABA, RICHARD
1390 SMAIN STREET
SUITE 824
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 605, 606, and 607, Florida Statutes, this 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 605, 606, Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

12a. Name	PD
12b. Street Address	WILLIAMS, MAX A.
12c. City & State	4810 GREYMOSS LN.
12d. City & State	SARASOTA FL
12e. Name	VPT
12f. Street Address	SLAVIN, STEPHANIE
12g. City & State	4810 GREYMOSS LN.
12h. City & State	SARASOTA FL
12i. Name	
12j. Street Address	
12k. City & State	
12l. City & State	
12m. Name	
12n. Street Address	
12o. City & State	
12p. City & State	
12q. Name	
12r. Street Address	
12s. City & State	
12t. City & State	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13a. Name	☐ Change ☐ Addition
13b. Street Address	
13c. City & State	
13d. City & State	
13e. Name	☐ Change ☐ Addition
13f. Street Address	
13g. City & State	
13h. City & State	
13i. Name	☐ Change ☐ Addition
13j. Street Address	
13k. City & State	
13l. City & State	
13m. Name	☐ Change ☐ Addition
13n. Street Address	
13o. City & State	
13p. City & State	
13q. Name	☐ Change ☐ Addition
13r. Street Address	
13s. City & State	
13t. City & State	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032, Florida Statutes. I further certify that the information is submitted on the 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 this corporation or the treasurer or transfer agent or someone authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer, director, or transfer agent.

SIGNATURE:

Max A. Williams Max A. WILLIAMS

4/27/95

813-925-4900

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AND
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05/05/1987

1987

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
CONSTITUTIONAL OFFICE

DOCUMENT # J71404 (4)

1. Corporation Name:

BEAVER STREET FREEZER, INC.

Principal Place of Business:

1741 W. BEAVER ST.
P.O. BOX 40203
JACKSONVILLE FL 32209

Mailing Address:

1741 W. BEAVER ST.
P.O. BOX 40203
JACKSONVILLE FL 32209

(PRINT OR WRITE IN THIS SPACE)

3. Date of Registration/Qualification	3a. Date of Last Report
05/05/1987	05/01/1994
4. FEI Number	Applied For
59-2805689	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 information by under 24, 1995, Florida Statutes.	
☒ Yes ☐ No	

2. Principal Place of Business:	2a. Mailing Address:
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. FIC	29. FIC
32203-1430	32203-1430

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent 2941512

FRISCH, HANS
1745 W. BEAVER STREET
JACKSONVILLE FL 32209

81. Name	85. Zip Code
82. Street Address (if C. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of the terms of Chapter 607, Florida Statutes, this 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 set forth in Chapter 607, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
NAME	FRISCH, HANS	NAME	FRISCH, HANS
STREET ADDRESS	1741 W BEAVER ST.	STREET ADDRESS	1741 W BEAVER ST.
CITY, STATE, ZIP	JACKSONVILLE FL	CITY, STATE, ZIP	JACKSONVILLE FL
NAME	EBERHARDT, EUGENE	NAME	EBERHARDT, EUGENE
STREET ADDRESS	1741 W. BEAVER ST.	STREET ADDRESS	1741 W. BEAVER ST.
CITY, STATE, ZIP	JACKSONVILLE FL	CITY, STATE, ZIP	JACKSONVILLE FL
NAME	EDWARDS, JEFF	NAME	EDWARDS, JEFF
STREET ADDRESS	1741 W. BEAVER ST.	STREET ADDRESS	1741 W. BEAVER ST.
CITY, STATE, ZIP	JACKSONVILLE FL	CITY, STATE, ZIP	JACKSONVILLE FL
NAME	FRISCH, BENJAMIN P.	NAME	FRISCH, BENJAMIN P.
STREET ADDRESS	1741 W. BEAVER ST.	STREET ADDRESS	1741 W. BEAVER ST.
CITY, STATE, ZIP	JACKSONVILLE FL	CITY, STATE, ZIP	JACKSONVILLE FL
NAME	ROBERTS, NOEL	NAME	ROBERTS, NOEL
STREET ADDRESS	1741 W. BEAVER ST.	STREET ADDRESS	1741 W. BEAVER ST.
CITY, STATE, ZIP	JACKSONVILLE FL	CITY, STATE, ZIP	JACKSONVILLE FL
NAME	EVANS, PETER	NAME	EVANS, PETER
STREET ADDRESS	1741 W. BEAVER ST.	STREET ADDRESS	1741 W. BEAVER ST.
CITY, STATE, ZIP	JACKSONVILLE FL	CITY, STATE, ZIP	JACKSONVILLE FL

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 607.04(1)(b), Florida Statutes. I further certify that the information included 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 in my own hand. That only one officer or director of this corporation or the registered agent or the business enterprise has made this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HANS FRISCH

4/24/95 (904) 354-8533