05-04-1999 90212 038 \*\*\*150.00

## 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

## DOCUMENT # **J71404**

1. Corporation Name

BEAVER STREET FREEZER, INC.

						0   1   1   1   1   1   1   1   1   1	
Principal Place of Business Mailing Address				I (MAISIN BINT 1800) 17811 AIGHT AGIS AIGH AIGH	41411 B1811 B1811 B1	1811 AIA11 1881	
1741 W. BEAVER ST. JACKSONVILLE FL 32209 US		P.O. BOX 41430 JACKSONVILLE FL 32203-1430 US		DO NOT WRITE IN THIS	S SPACE		
					3. Date Incorporated or Qualifed 05/05/1987		
Principal Place of Business 2a. Mailing Address					4. FEI Number		plied For
21 26				59-2805689		t Applicable	
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.	, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00	
23 28 28			0		Trust Fund Contribution	Added to	ے Fees
Zip	— — — — — — — — — — — — — — — — — — —		Country		8. This corporation owes the current year In Personal Property Tax.		□No
24	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered		
	3. Name and Address of Odiser	it registered Agent	81	Name		V CON	OLIOATED
FRISCH, HANS 1745 W. BEAVER STREET			82	Street A	ddress (P.O. Box Number is Not Acceptable)	#59-	1RN 2941512
JACKSONVILLE FL 32209			83				_
J. O. N.O.	(00111111111111111111111111111111111111						
			84	84 City		85 Zip C	ode
l office or r	to the provisions of Sections 607.05c egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was auth ations of, Section 607.0505, Florida	iorized by a Statutes.	tne corpor	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the apporation of the purpose of the purpos	intment as reg	jistered
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		_
TITLE	D1710		1.1 TITLE			☐ Change	☐ Addition
NAME	11.007., 18.00		1.2 NAME	-			
STREET ADDRESS 1741 W BEAVER ST.			1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-ST 2.1 TITLE	r-ZIP		Change	Addition
TITLE NAME			2.2 NAME				_
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S				
TITLE			3.1 TITLE			☐ Change	☐ Addition
NAME	EDWARDS, JEFF 32N		3.2 NAME				
STREET ADDRESS	1741 W. BEAVER ST.			ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-S	T-ZIP		Change	Addition
TITLE	DST	☐ DELETE	4.1 TITLE			Change	Addition
NAME	THOOTI, BENOVALING T.		4.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST 5.1 TITLE	1-217		Change	☐ Addition
NAME	FRISCH, KARL E		5.2 NAME				
STREET ADDRESS	1741 W BEAVER ST		5.3 STREET	ADDRESS			
CITY-ST-ZIP	ITY-ST-ZIP JACKSONVILLE FL 54.0		5.4 CITY-ST	r-ZIP			
TITLE	□ DELETE 6.1 TI		6.1 TITLE		<u> </u>	Change	☐ Addition

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 a statectment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS