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 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **252371** **(0)**

1. Corporation Name

INSTANTWHIP-TAMPA, INC.

Principal Place of Business	Mailing Address
3808 15TH AVE. P O BOX 5088 TAMPA FL 33675-2088	3808 15TH AVE. P O BOX 5088 TAMPA FL 33675-2088

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/20/1961**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 County

2a. Mailing Address
26 P. O. Box 333
27 Suite, Apt. #, etc.
28 City & State: Columbus, Ohio
29 Zip: 43216
30 County: Franklin

4. FEI Number: **59-0937408** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TILLER, WILLIAM B.
3808 15TH AVE
TAMPA FL 33605

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	11 TITLE		☒ Change ☐ Addition
NAME	TILLER, DONALD H., JR.	12 NAME		
STREET ADDRESS	3808 15TH AVE.	13 STREET ADDRESS	5820 Executive Blvd.	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Huber Hts., OH 45424	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	TILLER, WILLIAM B	22 NAME		
STREET ADDRESS	3808 15TH AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☒ Change ☐ Addition
NAME	MICHAELIDES, THOMAS G.	32 NAME		
STREET ADDRESS	3803 E. COLUMBUS DR.	33 STREET ADDRESS	2200 Cardigan Ave.,	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Columbus, OH 43215	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	OSBORNE, VICKIE A.	42 NAME		
STREET ADDRESS	3808 15TH AVE	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(k), 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: T.G. Michaelides T.G. Michaelides Treas. 4/27/95 (614)488-2536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004618 CP