

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90027 028 ***150.00

DOCUMENT # 252371

1. Corporation Name

INSTANTWHIP-TAMPA, INC.

Principal Place of Business

**3808 15TH AVE.
P O BOX 5018
TAMPA FL 33675-2088**

Mailing Address

**PO BOX 333
COLUMBUS OH 43216
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1961

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3803 East Columbus Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Tampa, FL

27 City & State

28

24 Zip Country

33605 Hillsborough

29 Zip

30

Country

30

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)
3803 East Columbus Drive**

83

84 City

Tampa

**FL 85 Zip Code
33605**

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:

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE DVP
NAME TILLER, DONALD H., JR.
STREET ADDRESS 5820 EXECUTIVE BLVD
CITY-ST-ZIP HUBER HEIGHTS OH**

**TITLE PD
NAME TILLER, WILLIAM B
STREET ADDRESS 3808 15TH AVE.
CITY-ST-ZIP TAMPA FL**

**TITLE T
NAME MICHAELIDES, THOMAS G.
STREET ADDRESS 2200 CARDIGAN AVE
CITY-ST-ZIP COLUMBUS OH**

**TITLE S
NAME OSBORNE, VICKIE A.
STREET ADDRESS 3808 15TH AVE
CITY-ST-ZIP TAMPA FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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 1; or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

T.G. Michaelides

T.G. Michaelides 4-22-99 (614) 488-2536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)