

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 252371

1. Entity Name
INSTANTWHIP-TAMPA, INC.



Principal Place of Business
3803 EAST COLUMBUS DRIVE
TAMPA FLA, 33605 US

Mailing Address
PO BOX 333
COLUMBUS, OH 43216 US



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0937408

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

TILLER, WILLIAM B.
3803 E COLUMBUS DRIVE
TAMPA, FL 33605

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
TILLER, DONALD H., JR.
3803 E COLUMBUS DRIVE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TILLER, WILLIAM B
3803 E COLUMBUS DRIVE
TAMPA, FL 33605

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
OSBORNE, VICKIE A.
3803 E COLUMBUS DRIVE
TAMPA, FL 33605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400000313639
04/18/05-40032-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas G. Michaelides
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary

4/12/05

614-488-2536

Date

Daytime Phone #