

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 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**



01052006 No Chg-P CR2E034 (11/05)

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 retreating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	TILLER, DONALD H., JR.
STREET ADDRESS	3803 E COLUMBUS DRIVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	PO
NAME	TILLER, WILLIAM B
STREET ADDRESS	3803 E COLUMBUS DRIVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	AS
NAME	MICHAELIDES, THOMAS G.
STREET ADDRESS	2200 CARDIGAN AVE
CITY-ST-ZIP	COLUMBUS, OH
TITLE	S
NAME	OSBORNE, VICKIE A.
STREET ADDRESS	3803 E COLUMBUS DRIVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/06-80112-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 ASST Sec'y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 614-488-2536

Date

Daytime Phone #