


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 252371</b><br>1. Entity Name<br>INSTANTWHIP-TAMPA, INC. |  |
|---|---|

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|--|--|
| Principal Place of Business<br>3803 EAST COLUMBUS DRIVE<br>TAMPA FLA, 33605 US | Mailing Address<br>PO BOX 333<br>COLUMBUS, OH 43216 US |
|--|--|



04232007 No Chg-P CR2E034 (11/05)

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|   |  |
|---|--|
| 4. FEI Number<br>59-0937408                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>TILLER, WILLIAM B.<br>3803 E COLUMBUS DRIVE<br>TAMPA, FL 33605 |
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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, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>TILLER, DONALD H., JR.<br>3803 E COLUMBUS DRIVE<br>TAMPA, FL 33605 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>TILLER, WILLIAM B<br>3803 E COLUMBUS DRIVE<br>TAMPA, FL 33605       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>MICHAELIDES, THOMAS G.<br>2200 CARDIGAN AVE<br>COLUMBUS, OH         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>OSBORNE, VICKIE A.<br>3803 E COLUMBUS DRIVE<br>TAMPA, FL 33605       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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05/09/07-80004-011 150.00

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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 Michaelides*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07  
Date

Daytime Phone #