FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **349582** **(7)**

1. Corporation Name

CAHILLS OF NORTH TAMPA INC

Principal Place of Business	Mailing Address
8920 NORTH ARMENIA AVENUE TAMPA FL 33604	8920 NORTH ARMENIA AVENUE TAMPA FL 33604

3. Date Incorporated or Qualified: **07/16/1969**

3a. Date of Last Report: **02/08/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **59-1269436** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RIDGEWAY, DANIEL L.
1713 W. LOUISANA AVENUE
TAMPA FL 33604

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 date. Required. (NOTE: Registered Agent signature required before entity is active.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RIDGEWAY,DANIEL L.		1.2 NAME		
STREET ADDRESS	1713 W. LOUISANA AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIDGEWAY, MARK D.		2.2 NAME		
STREET ADDRESS	1703 BEDINGFIELD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RIDGEWAY,LINDA L.		3.2 NAME		
STREET ADDRESS	1713 W. LOUISANA AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	AVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RIDGEWAY, CHARLES E.		4.2 NAME		
STREET ADDRESS	1403 E. HENRY		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	AVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RIDGEWAY, MICHAEL J.		5.2 NAME		
STREET ADDRESS	2302 W. POWHATTAN		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	AVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RIDGEWAY, PAUL L.		6.2 NAME		
STREET ADDRESS	5123 N. ROME AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B Ridgeway 3-5-96 813 9322788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sandra B Ridgeway