FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33604-1042**

3. Date Incorporated or Qualified: **07/16/1969**
3a. Date of Last Report: **03/06/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
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 title if applicable (NOTE: Registered Agent signature required when reinstating)

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	19501 Pine Valley Dr	
CITY-ST-ZIP	**TAMPA FL**		1.4 CITY-ST-ZIP	Odessa Fl. 33556	
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	19501 Pine Valley Dr	
CITY-ST-ZIP	**TAMPA FL**		3.4 CITY-ST-ZIP	Odessa Fl. 33556	
TITLE	**AVP**	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	**RIDGEWAY, CHARLES E.**		4.2 NAME		
STREET ADDRESS	**1403 E. HENRY**		4.3 STREET ADDRESS	1713 W. Louisiana Ave	
CITY-ST-ZIP	**TAMPA FL**		4.4 CITY-ST-ZIP	Tampa Fl. 33603	
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	15506 Wood Fair Place	
CITY-ST-ZIP	**TAMPA FL**		6.4 CITY-ST-ZIP	Tampa Fl. 33613	

CR2E034 (9/96)

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda L Ridgeway Jan 7-97 8139322785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #