**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

FILED
Jan 16 1998 8:00am
Secretary of State

DOCUMENT # 349582 (7)

1. Corporation Name
CAHILLS OF NORTH TAMPA INC

| Principal Place of Business | Mailing Address |
|---|---|
| 8920 NORTH ARMENIA AVENUE<br>TAMPA FL 33604 | 8920 NORTH ARMENIA AVENUE<br>TAMPA FL 33604 |

DO NOT WRITE IN THIS SPACE

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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| RIDGEWAY, DANIEL L.<br>~~1713 W. LOUISANA AVENUE~~<br>~~TAMPA FL 33604~~ | 81 Name<br>82 Street Address (P.O. Box Numbers Not Acceptable)<br>83<br>84 City: ODESSA FL 85 Zip Code: 33556 |

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: Daniel L Ridgeway 1-16-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | PRES | ☒ Change ☐ Addition |
| NAME | RIDGEWAY,DANIEL L. | | 1.2 NAME | Daniel L. Ridgeway | |
| STREET ADDRESS | 19501 PINE VALLEY DRIVE | | 1.3 STREET ADDRESS | 19501 Pine Valley Dr | |
| CITY-ST-ZIP | ODESSA FL 33556 | | 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 | ST | ☒ Change ☐ Addition |
| NAME | RIDGEWAY,LINDA L. | | 3.2 NAME | Linda L. Ridgeway | |
| STREET ADDRESS | 1713 W. LOUISANA AVENUE | | 3.3 STREET ADDRESS | 19501 Pine Valley Dr | |
| CITY-ST-ZIP | TAMPA FL 33556 | | 3.4 CITY-ST-ZIP | Odessa Fl 33556 | |
| TITLE | AVP | ☐ DELETE | 4.1 TITLE | AVP | ☒ Change ☐ Addition |
| NAME | RIDGEWAY, CHARLES E. | | 4.2 NAME | Charles E. Ridgeway | |
| STREET ADDRESS | 19501 PINE VALLEY DRIVE | | 4.3 STREET ADDRESS | 1713 W. Louisiana Ave | |
| CITY-ST-ZIP | ODESSA FL | | 4.4 CITY-ST-ZIP | Tpa Fl 33603 | |
| TITLE | AVP | ☐ DELETE | 5.1 TITLE | AVP | ☒ Change ☐ Addition |
| NAME | RIDGEWAY, MICHAEL J. | | 5.2 NAME | Michael J. Ridgeway | |
| STREET ADDRESS | 1713 W LOUISIANA AVE | | 5.3 STREET ADDRESS | 2302 W. Powhatan | |
| CITY-ST-ZIP | TAMPA FL | | 5.4 CITY-ST-ZIP | Tpa Fl 33604 | |
| TITLE | AVP | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RIDGEWAY, PAUL L. | | 6.2 NAME | | |
| STREET ADDRESS | 15506 WOOD FAIR PLACE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33613 | | 6.4 CITY-ST-ZIP | | |

CR2E034 (10/97)

14. 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 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: Daniel L Ridgeway Required Linda L Ridgeway 1-16-98 8139333528