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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90064 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **349582**

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

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 59-1269436	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 Country 25	Zip 29 Country 30	8. This corporation owes the current year Intangible Personal Property Tax.	☐ 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): 19501 Pine Valley Dr.

83

84 City: Odessa Fl 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 _____ 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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RIDGEWAY,DANIEL L.		1.2 NAME	
STREET ADDRESS	19501 PINE VALLEY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556		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	19501 PINE VALLEY DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556		3.4. CITY-ST-ZIP	
TITLE	AVP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RIDGEWAY, CHARLES E.		4. 2 NAME	
STREET ADDRESS	1713 W. LOUISIANA AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33603		4.4 CITY-ST-ZIP	
TITLE	AVP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RIDGEWAY, MICHAEL J.		5.2 NAME	
STREET ADDRESS	2302 W. POWNATHAN		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604		5.4 CITY-ST-ZIP	
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	

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, with all other like empowered.

SIGNATURE: Donald L. Ridgeway 1-5-99 8139333528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)