

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10: 03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 449227

(8)

1. Corporation Name

INSTANTWHIP-NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**3803 E. COLUMBUS DR.
P O BOX 5088
TAMPA FL 33675-2088**

**3803 E. COLUMBUS DR.
P O BOX 5088
TAMPA FL 33675-2088**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/25/1974

3a. Date of Last Report

05/01/1994

4. FEI Number

31-0844119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26 P. O. Box 333

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

**28 City & State
Columbus, OH**

23

29

Zip

30 43216

Country

31 Franklin

24

25

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TILLER, WILLIAM B.
3808 15TH AVE.
TAMPA FL 33605**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when completing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
TILLER, WILLIAM B
3808 15TH AVE
TAMPA FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DVP
TILLER, DONALD H JR.
3808 15TH AVE
TAMPA FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

**5820 Executive Blvd.
Huber Hts., OH 45424**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
OSBORNE, VICKIE A.
3808 15TH AVE
TAMPA FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
MICHAELIDES, THOMAS G.
3803 E COLUMBUS DR.
TAMPA FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition

**Thomas G. Michaelides
2200 Cardigan Ave.
Columbus, OH 43215**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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:

Thomas G. Michaelides
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. G. Michaelides, Treasurer 4/27/95

(614)488-2536

(Date)

(Signature Number)