2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 449227

1. Entity Name
INSTANTWHIP-NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
3803 E. COLUMBUS DR. TAMPA, FL 33605 US	PO BOX 333 COLUMBUS, OH 43216 US

01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0844119
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TILLER, WILLIAM B.
3803 EAST COLUMBUS DRIVE
TAMPA, FL 33605

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000542795
05/10/06-80112-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TILLER, WILLIAM B
STREET ADDRESS	3803 COLUMBUS DRIVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	DVP
NAME	TILLER, DONALD H JR.
STREET ADDRESS	3803 COLUMBUS DRIVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	S
NAME	OSBORNE, VICKIE A.
STREET ADDRESS	3803 COLUMBUS DRIVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	AS
NAME	MICHAELIDES, THOMAS G.
STREET ADDRESS	2200 CARDIGAN AVE
CITY-ST-ZIP	COLUMBUS, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE: T M Michaelides Asst. Sec'y 4/25/06 614-488-2536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #