

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 349582

Entity Name: CAHILLS OF NORTH TAMPA INC**Current Principal Place of Business:**8920 NORTH ARMENIA AVENUE
TAMPA, FL 33604**Current Mailing Address:**8920 NORTH ARMENIA AVENUE
TAMPA, FL 33604 US**FEI Number:** 59-1269436**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIDGEWAY, DANIEL L.
19501 PINE VALLEY DR
ODESSA, FL 33556 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	RIDGEWAY,DANIEL L.
Address	19501 PINE VALLEY DRIVE
City-State-Zip:	ODESSA FL 33556

Title	VP
Name	RIDGEWAY, MARK D.
Address	109 W. CRESTVIEW DR
City-State-Zip:	BRANDON FL 33511

Title	ST
Name	RIDGEWAY,LINDA L.
Address	19501 PINE VALLEY DR.
City-State-Zip:	ODESSA FL 33556

Title	AVP
Name	RIDGEWAY, CHARLES E.
Address	1713 W. LOUISIANA AVE
City-State-Zip:	TAMPA FL 33603

Title	AVP
Name	RIDGEWAY, MICHAEL J.
Address	30801 REED RD
City-State-Zip:	DADE CITY FL 33525

Title	AVP
Name	RIDGEWAY, PAUL L.
Address	18712 PLANNERS WAY
City-State-Zip:	TAMPA FL 33548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA L. RIDGEWAY**SECT./ TREAS****01/27/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date