

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000024748 (3)

1. Corporation Name

THREE TYPE A'S, INC.



Principal Place of Business

Mailing Address

C/O STEVEN A. ULTERWYK  
P.O. BOX 1321  
TAMPA FL 33601-1321

C/O STEVEN A. ULTERWYK  
P.O. BOX 1321  
TAMPA FL 33601-1321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1994

4. FEI Number

59-3232728

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

2. Principal Place of Business

21 100 W. Kennedy Blvd

Suite, Apt. #, etc.

22 Suite 740

City & State

23 Tampa Florida

Zip

24 33602

Country

25 USA

2a. Mailing Address

26 P.O. Box 2325

Suite, Apt. #, etc.

City & State

28 Tampa, Florida

Zip

29 33601

Country

30 USA

9. Name and Address of Current Registered Agent

ULTERWYK, STEVEN A  
1307 W. KENNEDY BLVD  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Steven Ulterwyk

82 Street Address (P.O. Box Number is Not Acceptable)

100 W. Kennedy Blvd

83

Suite 740

84 City

Tampa

FL

85 Zip Code

33601

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 reinstating)

DATE

5/10/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FLOWERS, H.C.  
STREET ADDRESS 2919 WALLCRAFT AVE.  
CITY-ST-ZIP TAMPA FL 33611

TITLE VD ☒ DELETE

NAME ARTHUR, SAVAGE  
STREET ADDRESS 1701 MARITIME BLVD  
CITY-ST-ZIP TAMPA FL 33605

TITLE STD ☐ DELETE

NAME ULTERWYK, STEVEN  
STREET ADDRESS 1307 W. KENNEDY BLVD  
CITY-ST-ZIP TAMPA FL 33601

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE

5/10/98

CR2E034 (10/97)