

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 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 # P95000076726 (5)  
1. Corporation Name

TRITHEIM TECHNOLOGIES, INC.

Principal Place of Business  
101 W. COURT STREET, #16  
TARPOON SPRINGS FL 34689

Mailing Address  
101 W. COURT STREET, #16  
TARPOON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1995

4. FEI Number

59-3340980

☒ 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POSTELWAITE, MARC  
101 W. COURT STREET, #16  
TARPOON SPRINGS FL 34689

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME POSTLEWAITE, MARC  
STREET ADDRESS 262 S. BEACH DRIVE  
CITY-ST-ZIP TARPOON SPRINGS FL 34689

1.1 TITLE P/C  
1.2 NAME W. MARC POSTLEWAITE  
1.3 STREET ADDRESS 262 S. BEACH DRIVE  
1.4 CITY-ST-ZIP TARPOON SPRINGS, FL 34689

TITLE D  
NAME VOGEL, KIM J  
STREET ADDRESS 417 INNESS DRIVE  
CITY-ST-ZIP TARPOON SPRINGS FL 34689

2.1 TITLE V  
2.2 NAME Kim J. VOGEL  
2.3 STREET ADDRESS 417 INNESS DRIVE  
2.4 CITY-ST-ZIP TARPOON SPRINGS FL. 34689

TITLE D  
NAME POOLE, VINCE  
STREET ADDRESS 13508 IRONTON DRIVE  
CITY-ST-ZIP TAMPA FL 33626

3.1 TITLE T  
3.2 NAME VINCENT POOLE  
3.3 STREET ADDRESS 13508 IRONTON DRIVE  
3.4 CITY-ST-ZIP TAMPA, FL. 33626

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE S  
4.2 NAME STEPHEN ENALD  
4.3 STREET ADDRESS 3612 NESTERANADA STREET  
4.4 CITY-ST-ZIP TAMPA, FL. 33629

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE D  
5.2 NAME WAYNE MATTHEWS  
5.3 STREET ADDRESS 3757 GUALD FOREST DRIVE  
5.4 CITY-ST-ZIP TARPOON SPRINGS, FL. 34689

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE D  
6.2 NAME KEN MELLEMAN  
6.3 STREET ADDRESS 8950 NINTH STREET NORTH  
6.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33702-3944

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:

7/13/98 83 943 8684

CRZE034 (5/98)