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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N94000000274

1. Corporation Name
HIV POSITIVE GUILT NEGATIVE INC.

Principal Place of Business
733 CENTRAL AVE
ST. PETERSBURG, FL 33701

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/10/94
3a. Date of Last Report: —
4. FEI Number: 59-3227808 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax (under S. 199.032 Florida Statutes) ☐ Yes ☐ No

2. Principal Place of Business (21): 733 CENTRAL AVE
Suite, Apt. #, etc (22):
City & State (23): ST. PETERSBURG FL
Zip (24): 33701 Country (25): US

2a. Mailing Address (26):
Suite, Apt. #, etc (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent
AMY OATLEY
9991 53 AVE N.
ST. PETERSBURG, FL
33708

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100001477171
-05/05/95--01043--004
84 City ****138.75 FL 85 Zip Code ****138.75

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: Amy Oatley AMY OATLEY 4/30/95
(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	PRESIDENT (P)	11 TITLE	P	☑ Change ☐ Addition
NAME	AMY OATLEY	12 NAME	AMY OATLEY	
STREET ADDRESS	9991 53 AVE N	13 STREET ADDRESS	9991 53 AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	14 CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	VICE PRESIDENT (V)	21 TITLE	V	☑ Change ☐ Addition
NAME	CARMINE PCLORARO	22 NAME	CARMINE PCLORARO	
STREET ADDRESS	1334 TAMPA RD UNIT 305	23 STREET ADDRESS	1334 TAMPA RD. UNT 305	
CITY-ST-ZIP	PALM HARBOR FL 34683	24 CITY-ST-ZIP	PALM HARBOR	
TITLE	MARKETING DIRECTOR (D)	31 TITLE	D	☑ Change ☐ Addition
NAME	THOMAS CHASIN	32 NAME	THOMAS CHASM	
STREET ADDRESS	3435 9TH ST. N	33 STREET ADDRESS	3435 9st NO.	
CITY-ST-ZIP	ST PETERSBURG, FL 33704	34 CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	VOLUNTEER REPRESENTATIVE(D)	41 TITLE	D	☑ Change ☐ Addition
NAME	LARRY LAWTON	42 NAME	LARRY LAWTON	
STREET ADDRESS	556 9TH AVE N	43 STREET ADDRESS	556 9 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33701	44 CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	ARTIST REPRESENTATIVE (D)	51 TITLE	D	☑ Change ☐ Addition
NAME	DON ROBLING	52 NAME	DON ROBLING	
STREET ADDRESS	10387 CIRAMOYA LN.	53 STREET ADDRESS	10387 CIRA MIYA LN	
CITY-ST-ZIP	SEMINOLE, FL 34647	54 CITY-ST-ZIP	SEMINOLE FL 34647	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

$PMS11

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Amy Oatley AMY OATLEY 4/30/95 (813) 821-2102
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #