FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712709 (5)

1. Corporation Name

POSTERITY, INC.

Principal Place of Business	Mailing Address
1201 HAYS ST SUITE 100 P O BOX 3474 TALLAHASSEE FL 32315	1201 HAYS ST SUITE 100 P O BOX 3474 TALLAHASSEE FL 32315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1967
3a. Date of Last Report: 01/31/1994
4. FEI Number: 23-7064576 ☐ 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	2a. Mailing Address
21 820 East Park Avenue	26 820 East Park Avenue
Suite, Apt. #, etc. 22 Building E, Suite 100	Suite, Apt. #, etc. 27 Building E, Suite 100
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip / Country 24 32301 / 25 USA	Zip / Country 29 32301 / 30 USA

9. Name and Address of Current Registered Agent

HAINES, JOHN L
1201 HAYS ST SUITE 100
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 820 East Park Avenue
83 Building E, Suite 100
84 City: Tallahassee FL 85 Zip Code: 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	PRESTON, WILLIAM	1.2 NAME	Susan C. Babcock	
STREET ADDRESS	1201 HAYS ST SUITE 100	1.3 STREET ADDRESS	820 E. Park Ave., Bldg. E, Suite 100	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	VCD	2.1 TITLE	VCD	☒ Change ☐ Addition
NAME	MITCHELL, MARGARET	2.2 NAME	Ted Thomas	
STREET ADDRESS	1201 HAYS ST SUITE 100	2.3 STREET ADDRESS	820 E. Park Ave., Bldg. E, Suite 100	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	VCD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	CARVALHO, SHERRY	3.2 NAME	Terry Heldman	
STREET ADDRESS	1201 HAYS ST SUITE 100	3.3 STREET ADDRESS	820 E. Park Ave., Bldg. E, Suite 100	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	ST	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	CULLEN, MICKEY	4.2 NAME	Frederick Carroll, III	
STREET ADDRESS	1201 HAYS ST SUITE 100	4.3 STREET ADDRESS	820 E. Park Ave., Bldg. E, Suite 100	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(k), 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: Frederick Carroll, III 2-14-95 877-1099
SIGNATURE, TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER — Date — (Daytime Telephone #)

Frederick Carroll, III

0027706