FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000087746

1. Corporation Name

POSITIVITY, INC.

Principal Place of Business	Mailing Address
1227 S.W. 11TH AVE	
GAINESVILLE, FL 32601	

3. Date Incorporated or Qualified: NOVEMBER 10, 1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 – above –	26 – above –
Suite, Apt. #, etc. 22: 1227 S.W. 11TH AVE	Suite, Apt. #, etc. 27: 1227 S.W. 11TH AVE
City & State 23: GAINESVILLE FL	City & State 28: GAINESVILLE, FL 3260
Zip 24: 32601 Country 25: U.S.A	Zip 29: 32601 Country 30: U.S.A.

4. FEI Number: 59-3348813 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PETER W. HOOPER 1227 S.W. 11TH AVE GAINESVILLE, FL 32601	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: Peter W. Hooper — DATE: April 29 1996

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME MAILING STREET ADDRESS	PETER W. HOOPER PO BOX 608, EASY ST (N/A)		12 NAME 13 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY, FL 32625		14 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME MAILING STREET ADDRESS	ALEXANDER K. HOOPER P.O. BOX 608, EASY ST. (N/A)		22 NAME 23 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY, FL 32625		24 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME MAILING STREET ADDRESS	PRATIMA HOOPER P.O. BOX 608, EASY ST (N/A)		32 NAME 33 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY, FL 32625		34 CITY-ST-ZIP	
TITLE		☒ DELETE	41 TITLE	☐ Change ☐ Addition
NAME MAILING STREET ADDRESS	KRISTEN L. COCONIS P.O. BOX 758, AIRPORT RD (N/A)		42 NAME 43 STREET ADDRESS	800001860198 -06/12/96--01103--016
CITY-ST-ZIP	CEDAR KEY, FL 32625		44 CITY-ST-ZIP	***200.00
TITLE		☒ DELETE	51 TITLE	☐ Change ☐ Addition
NAME MAILING STREET ADDRESS	TED COCONIS P.O. BOX 758, AIRPORT RD (N/A)		52 NAME 53 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KEY, FL 32625		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

5/1/96

CR2E034 (12/95)

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

SIGNATURE: Peter W. Hooper — 4/29/96 — 352 378 1086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #