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Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000087746 (0)

1. Corporation Name  
POSITIVITY, INC.



Principal Place of Business  
1227 S.W. 11TH AVENUE  
GAINESVILLE FL 32601

Mailing Address  
1227 S.W. 11TH AVENUE  
GAINESVILLE FL 32601

3. Date Incorporated or Qualified  
11/15/1995  
3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 1227 S.W. 11TH AVENUE

2a. Mailing Address  
26 1227 S.W. 11TH AVENUE

4. FEI Number  
59-3348813  
Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 25 Country

29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOOPER, PETER W  
1227 S.W. 11TH AVENUE  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOPER, PETER W.	1.2 NAME	
STREET ADDRESS	PO BOX 608, EASY ST..	1.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR KEY FL 32625	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOPER, ALEXANDER K.	2.2 NAME	
STREET ADDRESS	PO BOX 608, EASY ST..	2.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR KEY FL 32625	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOPER, PRATIMA	3.2 NAME	
STREET ADDRESS	PO BOX 608, EASY ST..	3.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR KEY FL 32625	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCONIS, KRISTEN L.	4.2 NAME	
STREET ADDRESS	PO BOX 758, AIRPORT RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR KEY FL 32625	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCONIS, TED	5.2 NAME	
STREET ADDRESS	PO BOX 758, AIRPORT RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR KEY FL 32625	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, unchanged, or on an attachment with an address.

SIGNATURE: Peter W. Hooper PETER W HOOPER 1/12/97 352 378 1084  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)