FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V44099** **(2)**

1. Corporation Name

POSITIVE CHOICE SUPPLY, INC.

Principal Place of Business	Mailing Address
P. O. BOX 620665 ORLANDO FL 32862-0665 US	P. O. BOX 620665 N/A/ ORLANDO FL 32862-0665 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/16/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: **59-3130992** ☐ 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

KOZIELSKI, THOMAS
915 ARIZONA WOODS LN
ORLANDO FL 32824

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 Section 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, and the successor registered agent has consented to the appointment. The successor registered agent is familiar with and accepts the obligations of that position as provided for in Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	☐ Change ☐ Addition
NAME	HOOVER, LAWRENCE E.	
STREET ADDRESS	745 ASHLEY LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ Change ☐ Addition
NAME	KOZIELSKI, THOMAS	
STREET ADDRESS	915 ARIZONA WOODS LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is true, complete and accurate and that my electronic 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 above, or on an attachment with all other like empowered officers or directors listed.

SIGNATURE: Lawrence E. Hoover — 4/28/95 — (407)438-0812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0419300 FP