

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 1:45

DOCUMENT # 387647 (1)

1. Corporation Name
NORCAR, INC.

Principal Place of Business
1205 IDLEWILD DRIVE
TALLAHASSEE FL 32311

Mailing Address
1205 IDLEWILD DRIVE
TALLAHASSEE FL 32311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/30/1971	3a. Date of Last Report 02/22/1994
4. FEI Number 59-1358820	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

CARPENTER, NORMAN E
3702 SHORELINE DRIVE 1205 IDLEWILD DR.
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 installing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	CARPENTER, NORMAN E	1.2 NAME	
STREET ADDRESS	3702 SHORELINE DRIVE 1205 IDLEWILD DR.	1.3 STREET ADDRESS	1205 IDLEWILD DR.
CITY - ST - ZIP	TALLAHASSEE FL 32311	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	CARPENTER, JESSIE L	2.2 NAME	
STREET ADDRESS	3702 SHORELINE DRIVE 1205 IDLEWILD DR.	2.3 STREET ADDRESS	1205 IDLEWILD DR.
CITY - ST - ZIP	TALLAHASSEE FL 32311	2.4 CITY - ST - ZIP	
TITLE	V.P. / DIR	3.1 TITLE	☐ Change ☒ Addition
NAME	RICHSTONE, RUTH A.	3.2 NAME	
STREET ADDRESS	3211 MAXWELL ST	3.3 STREET ADDRESS	3211 MAXWELL ST
CITY - ST - ZIP	TALLAHASSEE, FL 32311	3.4 CITY - ST - ZIP	TALLAHASSEE, FL 32311
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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 110.07(3)(b), 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: NORMAN E. CARPENTER 3/31/95 904-656-9615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR