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 FEB 14 PM 2:36

DOCUMENT # 257960 (5)

1. Corporation Name
MOCAR OIL CO.

Principal Place of Business	Mailing Address
P O BOX 4008 3088 BARRANCAS AVE. PENSACOLA FL 32507-3505	P O BOX 4008 3088 BARRANCAS AVE. PENSACOLA FL 32507-3505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/13/1962	3a. Date of Last Report: 01/26/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)
4. FEI Number: 59-0969379 ☐ 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

GRAY JR.,EDWARD M.
3088 BARRANCAS AVE
PENSACOLA FL 32507

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 _____ 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	VTD	11 TITLE	S ☒ Change ☐ Addition
NAME	OUTZEN, RICK	12 NAME	
STREET ADDRESS	110 PINETREE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	LOUDERMILK, MARTHA G	22 NAME	
STREET ADDRESS	51 STAR LAKE DR	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	GRAY, EDWARD M, JR	32 NAME	
STREET ADDRESS	16 HIGH POINT DR	33 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BIZZELL, THOMAS M.	42 NAME	
STREET ADDRESS	14402 RIVER RD.	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HART JR., ROBERT D.	52 NAME	DELETE
STREET ADDRESS	4575 FRANCISCO PL.	53 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	T ☐ Change ☒ Addition
NAME		62 NAME	PENDELTON, SHARON
STREET ADDRESS		63 STREET ADDRESS	31349 U.S. HIGHWAY 90
CITY-ST-ZIP		64 CITY-ST-ZIP	SEMINOLE, AL 36574

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: Martha G. Loudermilk 2/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Martha G. Loudermilk
Daytime Phone #

03/95/11 CP