

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 625250

(5)

95 MAY -1 PM 5:32

1. Corporation Name:

MOCAR ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

8450 PENSACOLA BLVD
PENSACOLA FL 32534-4359

Mailing Address:

8450 PENSACOLA BLVD
PENSACOLA FL 32534-4359

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/05/1979

3a. Date of Last Report
07/19/1994

2. Principal Place of Business:

21

2a. Mailing Address:

26

4. FEI Number
-59-135552+ 59-3271130

Applied For
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

24

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

CARPENTER, CHRISTINA
11255 SEAGLADES DR.
PENSACOLA FL 32505

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 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Print Name, Address, and City and State of the Registered Agent)

(Print Name, Address, and City and State of the Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

VD
CARPENTER, MARSHALL III
1142 SUNSET LANE
GULF BREEZE FL

4. NAME
5. STREET ADDRESS
6. CITY, ST. ZIP

PD
CARPENTER, MARSHALL O JR
2120 DOGTRACK RD.
PENSACOLA FL

7. NAME
8. STREET ADDRESS
9. CITY, ST. ZIP

TD
CARPENTER, LARA
11225 SEAGLADES
PENSACOLA FL

10. NAME
11. STREET ADDRESS
12. CITY, ST. ZIP

S
CARPENTER, LARA L.
11225 SEAGLADES DR.
PENSACOLA FL

1. NAME
2. STREET ADDRESS
3. CITY, ST. ZIP

4. NAME
5. STREET ADDRESS
6. CITY, ST. ZIP

7. NAME
8. STREET ADDRESS
9. CITY, ST. ZIP

10. NAME
11. STREET ADDRESS
12. CITY, ST. ZIP

13. NAME
14. STREET ADDRESS
15. CITY, ST. ZIP

16. NAME
17. STREET ADDRESS
18. CITY, ST. ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a changed or new attachment with no additions.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marshall Carpenter III
Vice-President

4-27-95

904 477-6666