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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90090 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 625260

1. Corporation Name
MOCAR ENTERPRISES, INC.

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3271130

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 owes the current year Intangible
Personal Property Tax. ☐ 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

Christina Carpenter

82 Street Address (P.O. Box Number is Not Acceptable)

8450 Pensacola Blvd

83

84 City

Pensacola

FL

85 Zip Code

32534

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

TITLE **VD** ☐ DELETE
NAME **CARPENTER, MARSHALL III**
STREET ADDRESS **1142 SUNSET LANE**
CITY-ST-ZIP **GULF BREEZE FL**

TITLE **PD** ☐ DELETE
NAME **CARPENTER, MARSHALL O JR**
STREET ADDRESS **2120 DOGTRACK RD.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **TD** ☐ DELETE
NAME **CARPENTER, LARA**
STREET ADDRESS **11225 SEAGLADES**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **S** ☐ DELETE
NAME **CARPENTER, LARA L.**
STREET ADDRESS **11225 SEAGLADES DR..**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V D** ☒ Change ☐ Addition
1.2 NAME **Marshall Carpenter III**
1.3 STREET ADDRESS **3140 Sonya St**
1.4 CITY-ST-ZIP **Pace FL 32571**

2.1 TITLE **P D** ☒ Change ☐ Addition
2.2 NAME **Marshall O Carpenter Jr**
2.3 STREET ADDRESS **730 N. Fairfield**
2.4 CITY-ST-ZIP **Pensacola FL 32506**

3.1 TITLE **T D** ☒ Change ☐ Addition
3.2 NAME **Lara Carpenter**
3.3 STREET ADDRESS **730 N Fairfield Dr**
3.4 CITY-ST-ZIP **Pensacola FL 32506**

4.1 TITLE **S** ☒ Change ☐ Addition
4.2 NAME **Lara Carpenter**
4.3 STREET ADDRESS **730 N Fairfield Dr**
4.4 CITY-ST-ZIP **Pensacola FL 32506**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)