

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # J03663 (8)**

1. Corporation Name  
**NOCATEE ENTERPRISES, INC.**



Principal Place of Business  
**245 S. BREVARD AVE  
ARCADIA FL 33821  
US**

Mailing Address  
**P. O. BOX 1147  
ARCADIA FL 33821  
US**

3. Date Incorporated or Qualified **03/12/1986** 3a. Date of Last Report **10/09/1995**

2. Principal Place of Business  
**21 245 S. Brevard Ave.**  
Suite, Apt. #, etc.  
**22**  
City & State  
**23 Arcadia, Fl., 33821**  
Zip Country  
**24 33821 25 DeSoto**  
2a. Mailing Address  
**26 P. O. Box 1147**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28 Arcadia, Fl., 33821**  
Zip Country  
**29 33821 30 DeSoto**

4. FEI Number  
**65-0299415** 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**

**BRANNAN, GWEN S  
921 EAST OAK STREET  
ARCADIA FL 33821**

**10. Name and Address of New Registered Agent**

**81 Name Gwen S. Brannan**  
**82 Street Address (P.O. Box Number is Not Acceptable) 245 S. Brevard Avenue**  
**83 Arcadia Fl. 33821**  
**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

Signature typed or printed name of registered agent and the incorporator

3/2011 Registered Agent's signature required when first filing

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PT	<input type="checkbox"/> DELETE
NAME	CARLTON, KATHRYN L.	
STREET ADDRESS	921 EAST OAK STREET	
CITY - ST - ZIP	ARCADIA FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BRANNAN, GWEN S.	
STREET ADDRESS	921 EAST OAK STREET	
CITY - ST - ZIP	ARCADIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	245 S. Brevard Avenue
1.4 CITY - ST - ZIP	Arcadia, Fl., 33821
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	245 S. Brevard Avenue
2.4 CITY - ST - ZIP	Arcadia, Fl., 33821
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100001872824
6.3 STREET ADDRESS	-06/24/96--01026--037
6.4 CITY - ST - ZIP	***225.00

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)(k), 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:**

*Gwen S. Brannan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/96 941/494-7777

Date: 05/19/96

CR2E034 (12/95)