**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 JAN 19 AM 9:24

DOCUMENT # 518717 (4)

1. Corporation Name
MC-GRA INVESTMENT, INC.

Principal Place of Business
C/O BAUMANN AND CO.,PA
11210 N DALE MABRY
TAMPA FL 33618
US

Mailing Address
2703 DELAWARE CIR
DOVER OH 44622
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1976
3a. Date of Last Report: 03/08/1994

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: 59-1737479 — Applied For / Not Applicable

5. Candidate of Status Digest [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. Does corporation qualify for exemption under 607.0505 Florida Statutes? [ ] Yes [X] No

9. Name and Address of Current Registered Agent
MOGOWAN, III B L
11210 N DALE MABRY
TAMPA FL 33618

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, 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 director. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature of a Director or Officer if Registered Agent, and the date of change — Signature of Registered Agent if a change of registered agent is being — Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS AND CHANGES TO OFFICERS AND DIRECTORS, IN 19 | |
|---|---|---|---|
| TITLE | PD | 1. TITLE | [ ] Change [ ] Addition |
| NAME | MCGOWAN II, BRINSON L | 2. NAME | |
| STREET ADDRESS | 11210 N DALE MABRY | 3. STREET ADDRESS | |
| CITY ST ZIP | TAMPA FL | 4. CITY ST ZIP | |
| TITLE | VP | 5. TITLE | [ ] Change [ ] Addition |
| NAME | MCHENRY, BEVERLY | 6. NAME | |
| STREET ADDRESS | 2703 DELAWARE CIRCLE | 7. STREET ADDRESS | |
| CITY ST ZIP | DOVER OH | 8. CITY ST ZIP | |
| TITLE | SD | 9. TITLE | [ ] Change [ ] Addition |
| NAME | MCGOWAN, DIANE C | 10. NAME | |
| STREET ADDRESS | 11210 N DALE MABRY | 11. STREET ADDRESS | |
| CITY ST ZIP | TAMPA FL | 12. CITY ST ZIP | |
| TITLE | ~~D~~ | 13. TITLE | [X] Change [ ] Addition |
| NAME | ~~GRAHAM, HARLEAH V~~ | 14. NAME | |
| STREET ADDRESS | ~~4306 C LAKE UNDERHILL DR~~ | 15. STREET ADDRESS | |
| CITY ST ZIP | ~~ORLANDO FL~~ | 16. CITY ST ZIP | |
| TITLE | D | 17. TITLE | [ ] Change [ ] Addition |
| NAME | MCHENRY, RUSSELL I | 18. NAME | |
| STREET ADDRESS | 2703 DELAWARE CIR | 19. STREET ADDRESS | |
| CITY ST ZIP | DOVER OH | 20. CITY ST ZIP | |
| TITLE | | 21. TITLE | [ ] Change [ ] Addition |
| NAME | | 22. NAME | |
| STREET ADDRESS | | 23. STREET ADDRESS | |
| CITY ST ZIP | | 24. CITY ST ZIP | |

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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 be in 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: [signature] 1-11-95 (210) 343-6114
SIGNATURE AND TYPE OR PRINT THE NAME OF HOLDING OFFICER OR DIRECTOR

0486306 FN