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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 518717

(4)

1. Corporation Name

MC-GRA INVESTMENT, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 9:24

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

2. Principal Place of Business

21 Suite, Apt #, etc

26 Mailing Address

27 Suite, Apt #, etc

23 City & State

28 City & State

24 Zip

29 Zip

**MOGOWAN, III B L
11210 N DALE MABRY
TAMPA FL 33618**

30 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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, and familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

(Signature of President or Corporate Secretary or Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICES AND DIRECTORIES

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	13. ADDITIONAL CHANGES TO OFFICES AND DIRECTORIES	14. Change	15. Addition
PD	MCGOWAN II, BRINSON L	11210 N DALE MABRY	TAMPA FL	443001 4476801 440001 ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
VP	MCHENRY, BEVERLY	2703 DELAWARE CIRCLE	DOVER OH	443001 4476801 440001 ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
SD	MCGOWAN, DIANE C	11210 N DALE MABRY	TAMPA FL	443001 4476801 440001 ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
D	GRAHAM, HARLEAH V	4308 C LAKE UNDERHILL DR	ORLANDO FL	443001 4476801 440001 ADDRESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MCHENRY, RUSSELL I	2703 DELAWARE CIR	DOVER OH	443001 4476801 440001 ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
				443001 4476801 440001 ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>

16. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and furnished only for the corporation stated on page four (4) of this form. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature below is the authority of either of each officer, director, D.O.T. officer or an officer or director of the corporation or the incisor or trustee responsible to execute the papers as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 14 if changed, or on an alternate blank with an asterisk.

SIGNATURE: *Beverly McHenry*
SIGNATURE AND TITLE OR POSITION NAME OF ANNUAL OFFICER OR DIRECTOR

1/11/95 (216) 343-8414