

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

95 MAY - 1 PM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 831177

(1)

1. Corporation Name

PCA NATIONAL, INC.

Principal Place of Business

615 MATTHEWS MINT HILL RD.
MATTHEWS NC 28106
US

Mailing Address

615 MATTHEWS MINT HILL RD.
MATTHEWS NC 28106
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/30/1973

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

56-0935596

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

24

Country

25

Zip

29

Country

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GROSSO, JOHN
STREET ADDRESS	9603 TRESANTON DR.
CITY - ST - ZIP	CHARLOTTE NC
TITLE	AS
NAME	DEVORE, THOMAS R.
STREET ADDRESS	3640 CHEVINGTON RD.
CITY - ST - ZIP	CHARLOTTE NC
TITLE	VPT
NAME	SPENCER, MIKE
STREET ADDRESS	PO BOX 355 RYAN LANE
CITY - ST - ZIP	WAXHAW NC
TITLE	VS
NAME	RIVENBARK, JAN
STREET ADDRESS	2500 GREENBROOK PKWY
CITY - ST - ZIP	MATTHEWS NC
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	VP/C.O.O.
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	Secretary/C.F.O.
5.3 STREET ADDRESS	Bruce Fisher
5.4 CITY - ST - ZIP	12908 Hidden Hills Lane Charlotte, NC 28227
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

TR DeVore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. DeVore 4/19/95 (704) 847-8011
Asst. Sec.

831177

PCA NATIONAL, INC.
815 MATTHEWS-MINT HILL RD.
MATTHEWS, N.C. 28105
CORPORATE OFFICERS/DIRECTORS
F.E.I.N. 56-0935596

DIRECTORS		TITLE	SOCIAL SECURITY #	ADDRESS	D.O.B.
JOHN GROSSO		DIRECTOR	158-38-7159	9603 TRESANTON DR. CHARLOTTE, N.C. 28210	8/11/46
OFFICERS		TITLE	SOCIAL SECURITY #	ADDRESS	D.O.B.
JOHN GROSSO		PRESIDENT	158-38-7159	9603 TRESANTON DR. CHARLOTTE, N.C. 28210	8/11/46
JAN RIVENBARK		VICE-PRESIDENT/ CHIEF OPERATING OFFICER	241-82-7272	2500 GREENBROOK PARKWAY MATTHEWS, N.C. 28105	2/22/50
BRUCE FISHER		SECRETARY/ CHIEF FINANCIAL OFFICER	287-42-7062	12908 HIDDEN HILLS LANE CHARLOTTE, N.C. 28227	3/16/50
MIKE SPENCER		VICE-PRESIDENT/ TREASURER	239-76-9620	P.O. BOX 355 WAXHAM, N.C. 28173	1/2/48
THOMAS R. DEVOE		ASST. SECRETARY	066-34-8171	RT. 2 BOX 5119 MT. GILEAD, N.C. 27306	10/30/41