

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **831177** (1)

1. Corporation Name
PCA NATIONAL, INC.

Principal Place of Business 815 MATTHEWS MINT HILL RD. MATTHEWS NC 28106 US	Mailing Address 815 MATTHEWS MINT HILL RD. MATTHEWS NC 28105-1705 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1973	3a. Date of Last Report 04/29/1996
21		26		4. FEI Number 56-0935596	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSO, JOHN	1.2 NAME	
STREET ADDRESS	9603 TRESANTON DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	CHARLOTTE NC	1.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVOE, THOMAS R.	2.2 NAME	
STREET ADDRESS	5118 WOODRUN ON TILLERY	2.3 STREET ADDRESS	
CITY- ST- ZIP	MT GILEAD NC	2.4 CITY- ST- ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, MIKE	3.2 NAME	
STREET ADDRESS	PO BOX 355 RYAN LANE	3.3 STREET ADDRESS	
CITY- ST- ZIP	WAXHAW NC	3.4 CITY- ST- ZIP	
TITLE	VPCO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVENBARK, JAN	4.2 NAME	
STREET ADDRESS	2500 GREENBROOK PKWY	4.3 STREET ADDRESS	
CITY- ST- ZIP	MATTHEWS NC	4.4 CITY- ST- ZIP	
TITLE	SCFO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, BRUCE	5.2 NAME	
STREET ADDRESS	12908 HIDDEN HILLS LANE	5.3 STREET ADDRESS	
CITY- ST- ZIP	CHARLOTTE NC	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: THOMAS R. DEVOE 4/15/97 (704) 842-8011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0010327

CR2E034 (9/96)