

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 831711 (7)**

1. Corporation Name

**J.J. NEWBERRY, CO. D-I-P**

Principal Place of Business

2855 E MARKET ST  
YORK PA 17402

Mailing Address

2855 E MARKET ST  
YORK PA 17402

DO NOT WRITE IN THIS SPACE.

8. Date Incorporated or Qualified

01/31/1974

9a. Date of Last Report

05/01/1994

4. FBI Number

13-5582913

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be**

Trust Fund Contribution

☐

**Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

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 607.1503, 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |
|----------------|---------------------|
| TITLE          | COB                 |
| NAME           | RIKUS, MESHULAM     |
| STREET ADDRESS | 2801 LAS VEGAS BLVD |
| CITY-ST-ZIP    | LAS VEGAS NV        |
| TITLE          | VP                  |
| NAME           | JACKEL, STEPHEN     |
| STREET ADDRESS | 2855 E MARKET ST    |
| CITY-ST-ZIP    | YORK PA             |
| TITLE          | D                   |
| NAME           | WARREN, CALVIN      |
| STREET ADDRESS | 2855 E MARKET ST    |
| CITY-ST-ZIP    | YORK PA             |
| TITLE          | S                   |
| NAME           | GOLDBERG, WILLIAM   |
| STREET ADDRESS | 2855 E MARKET ST    |
| CITY-ST-ZIP    | YORK PA             |
| TITLE          | AS                  |
| NAME           | BULZACHELLI, PAUL   |
| STREET ADDRESS | 2855 E MARKET ST    |
| CITY-ST-ZIP    | YORK PA             |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | TREASURER / D                                                                |
| 2.3 STREET ADDRESS | WEINER, PAUL                                                                 |
| 2.4 CITY-ST-ZIP    | 667 MADISON AVE<br>NEW YORK NY 10021                                         |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | S                                                                            |
| 4.3 STREET ADDRESS | HASKELL, DEAN                                                                |
| 4.4 CITY-ST-ZIP    | 2955 E MARKET ST<br>YORK PA 17402                                            |
| 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           |                                                                              |
| 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:

*Paul F. Bulzachelli*

Paul F. Bulzachelli

APR 27 1995

717-757-8655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Typed)

ASATSECR

831711

**DEBTOR-IN-POSSESSION**

**J.J. NEWBERRY CO.  
c/o MCCORMY CORPORATION  
2955 EAST MARKET STREET  
YORK, PENNSYLVANIA 17402**

**INCOME TAX DEPARTMENT**

**(717) 757-8601**

**Division of Corporations  
Annual Reports  
P.O. Box 1500  
Tallahassee, FL. 32302-1500**

**April 18<sup>th</sup>, 1995**

**We have enclosed the following return:**

**AMOUNT DUE**

**1995 Corporation Annual Report**

**\$ 200.00**

**LESS ESTIMATED PAYMENTS:**

**PRIOR YEAR CREDIT** \_\_\_\_\_  
**1st INSTALLMENT** \_\_\_\_\_  
**2nd INSTALLMENT** \_\_\_\_\_  
**3rd INSTALLMENT** \_\_\_\_\_  
**4th INSTALLMENT** \_\_\_\_\_  
**WITH EXTENSION** \_\_\_\_\_

**TOTAL PAID** 0.00  
**BALANCE DUE** 200.00

**We trust this information will enable you to process the return.**

**Very truly yours,**  
*Paul F. Bulzacchelli*  
**Paul F. Bulzacchelli  
Director, Income Tax**