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

APPROVED AND FILED
95 APR 17 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 135504 (9)

1. Corporation Name
GRAY BROTHERS, INC.

Principal Place of Business	Mailing Address
722 E CAROLINE BLVD P O BOX 995 PANAMA CITY FL 32402	722 E CAROLINE BLVD P O BOX 995 PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1938
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-6065396 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAY,DAVID B
722 E. CAROLINE BLVD.
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GRAY,DAVID B	12 NAME	
STREET ADDRESS	722 E. CAROLINE BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	MCCLOY, INEZ GRAY	22 NAME	
STREET ADDRESS	1118 W BEACH DR	23 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	GRAY ANN B	32 NAME	
STREET ADDRESS	722 E CAROLINE BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 00000	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BAZZEL, MARIE G.	42 NAME	
STREET ADDRESS	2804 LONGLEAF ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GRAY, WILLIAM BENJAM	52 NAME	
STREET ADDRESS	3908 POWERS FERRY ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MORRIS, MAE G.	62 NAME	
STREET ADDRESS	504 BUNKERS COVE RD.	63 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	64 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)(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: David B. Gray 4/4/95 (904) 785-7072
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID B. GRAY

0410R09 FP