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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 135504

(9)

GRAY BROTHERS, INC.

35504

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**FILED** 

Apr 16 1998 8:00am

Secretary of State

Principal riace or business		mailing Addre	mailing Address					
722 E CAROLINE BLVD P O BOX 995 PANAMA CITY FL 32402		P O BOX 99	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		
2. Principal Place of Business 2a. Mailing Address		dress			4. FEI Number	Applied For		
21		26				59-6065396	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & Stat	le			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	30	intry	,	This corporation owes or has paid the cu     Personal Property Tax due June 30.	rrent year Intangible X Yes	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
	RAY,DAVID B			81	Name			
722 E. CAROLINE BLVD. PANAMA CITY FL 32401		82	Street Address (P.O. Box Number is Not Acceptable)					
			i	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, and accept the objections of Section 607.655. Elorida Statutes.

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 eignature required when reinstating)  DATE									
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND D			RS IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE	D		XX Addition			
NAME	Gray,David B		1.2 NAME	Meredith, Angeline	Gray				
STREET ADDRESS	722 E. CAROLINE BLVD.		1.3 STREET ADDRESS	2104 Adams Street		Į			
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	Vidalia, GA 30474		Ì			
TITLE	VP .	☐ DELETE	2 1 TITLE		☐ Change	Addition			
NAME	MCCLOY, INEZ GRAY		2.2 NAME						
STREET ADDRESS	1118 W BEACH DR		2.3 STREET ADDRESS						
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP						
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change	Addition			
NAME	GRAY ANN B		3.2 NAME						
STREET ADDRESS	722 E CAROLINE BLVD		3.3 STREET ADDRESS			ļ			
CITY-ST-ZIP	PANAMA CITY, FL 00000		3 4. CITY-ST-ZIP						
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition			
NAME	BAZZEL, MARIE G.		4. 2 NAME			-			
STREET ADDRESS	2804 LONGLEAF ROAD		4.3 STREET ADDRESS			į			
CITY - ST - ZIP	PANAMA CITY FL		4.4 CITY - ST - ZIP						
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change	Addition			
NAME	Gray, William Benjam		5.2 NAME						
STREET ADDRESS	722 E CAROLINE BLVD		5.3 STREET ADDRESS						
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition			
NAME	MORRIS, MAE G.		6.2 NAME						
STREET ADDRESS	504 BUNKERS COVE RD.		6.3 STREET ADDRESS			ļ			
CITY-ST-ZIP	PANAMA CITY FL		6.4 CITY-ST-ZIP						

14. I 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 charged, or on an augustypeat with in address.

SIGNATURE

(HInes G.McCley 4/13/98 (850) 785-7072

(16/01) ±00130