PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 524375

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90084 033 ***150.00

GRAY ENTERPRISES, INC.					
					E BAZA DARA BASAR BEBEL BASAR BEBEL BASAR ABAR
Principal Plac	e of Business	Mailing Address		C that it miles that a man (itte itan)	i min minis nikin armii nikil minii minii mini
6147 RIDGEWOOD AVE #39 PORT ORANGE FL 32127 6147 RIDGEWOOD AVE #39 PORT ORANGE FL 32127				DO NOT WEST	E IN THIS SPACE
}				Do NOT WATT D	E IN THIS SPACE
				01/24/1977	
2. Principal Place of Business 2a. Mailing Address				4, FEI Number	Applied For
21 SOUTHATIDE BUSINESS PARK 26 500 CR 115			CN	59-1720023	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 2 334 E- Hwy 100 27			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Ro	
23 RUNNELL FL. 28 BUNNELL, FL		Country	Trust Fund Contribution	Added to Fees	
721	·	29 32/10 30	FLAGLEO	 This corporation owes the curre Personal Property Tax. 	nt year intangible ☐ Yes No
1 / کر ک (24	9. Name and Address of Current		12HOLEW	10. Name and Address of New R	
	5. Marite and Address of Correct	registered Agent	81 Name	18. Hallie and Hadiose of Herris	ogiotolog / tgoni
GRAY, HAROLD R.					
2334 E RT 100 BOX 10			82 Street Addre	ess (P.O. Box Number is Not Acceptal	ole)
BUN	BUNNELL FL 32110				
ļ			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the			the above-named corpo	oration submits this statement for the p	purpose of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auth	orized by the corporation	n's board of directors. I hereby accept	the appointment as registered
1	im lamina, with, and accept the congain	on, Section 500, 5005, i fond	a Otatules.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature required	when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	GRAY, HAROLD R.		1.2 NAME		
STREET ADDRESS	6147 RIDGEWOOD AVE., #39		1.3 STREET ADDRESS 6	00 CR 115 N PUNNELL, F2. 3	24.0
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP	SUNNELL, FL. 3	2110
TITLE	DT	☐ DELETE	2.1 TITLE	,	⊘ Change ☐ Addition
NAME	GRAY, STEVEN R.		2.2 NAME	م، سرود د د	
STREET ADDRESS			2.3 STREET ADDRESS 5	00 CR 115 N	_
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY-ST-ZIP	00 CR 115 N UNNELL FL 321	
TITLE		☐ DELETE	3.1 TITLE	-	- Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		}
CITY-ST-ZIP		☐ DELETE	3.4, CITY-ST-ZIP		Change Addition
TITLE		UELETE 1	4.1 TITLE		Change C Addition
NAME			4, 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		i i
CITY-ST-ZIP					
NAME		[] NEI ETE	4.4 CITY-ST-ZIP		□ Change □ Addition
STREET ADDRESS		[] DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
SINCE HUDRESS		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
CITY OT THE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		
TITLE			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE

Woll R. Tray JARODO R. GRAY

1/20/99 904-437-8429 Date Dayling Phone # CR2E034 (11/98)