**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **V34362**

1. Corporation Name

GRAY & ASSOCIATES, INC.

Principal Place of Business	Ma

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90060 024 \*\*\*150.00



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Principal Place of Business Mailing Address					T CORRESPONDED OF	1. <b>8:668</b> 11:18 81	118 1187 B1811 WI	811 B/B() \$1911	8/81) <b>\$1\$</b> 11 ( <b>8</b> 81	
2919 GANDY BOULEVARD 2919 GANDY BOULEVARD										
TAMPA FL 33611 TAMPA FL 33611				D.	O NOT WRI	TE IN THIS	SPACE			
						3. Date incorporated		12 11 11 110		
)						05/07/1992	or againou			
2 Dringing D	lace of Business	2a. Mailing Add	trace			4. FEI Number			- ΤΔ	plied For
<b>⊢</b> ¬ `	Idde of Dusilless	<u></u> ⊢-¬	11633						<del></del>	ot Applicable
21 Suite, Apt.	# oto	26 Suite, Apt.	# otc			59-3125340				Additional
22 Suite, Apt.	#, <del>U</del> C.	27 Stille, Apr.	#, GIC.			5. Certifcate of Statu	s Desired			equired
City & Stat	et	City & State	e			6. Election Campaign	Financing		\$5.00	May Be
23		28				Trust Fund Contrib	_			to Fees
Zip	Country	Zip		Country		8. This corporation o	wes the curr	ent year Int	angible	
24	25	29	30			Personal Property		,	☐Yes	□No
,	9. Name and Address of Currel		<u> </u>			10. Name and Addre	ss of New F	legistered .	Agent	
	* *:			81	Name					
GRA	y, g. William			02	Cton at Arda	Irona (D.O. Bay Mumbor in	Not Accepts	, blo)		
2919	GANDY BOULEVARD			82	Street Add	Iress (P.O. Box Number is	нот Ассерта	ibie)		
TAM	PA FL 33611			83	<del></del>			-		
						·				
				84	City			FL	85   Zip	Code
44 Durauant	to the provinces of Sections 607 05/	12 and 607 1608 Ele	rida Statutes	the above	named corr	noration submits this state	ment for the		changing its	registered
office or r	to the provisions of Sections 607.050 registered agent or both, in the State im familiar with, and accept the obligi	of Florida. Such cha	nge was auth	orized by	the corporati	ion's board of directors. I h	ereby accer	the appoin	itment as re	gistered
agent. I a	im familiar with and accept the oblig	Rions of, Section 607	7.0505, Florida	Statutes	•		11	10	00	
SIGNATURE	- Millian R	ray	WOTE O	·		ed when reinstating)	<i>7</i> -	19.	47	
12.	Signature typed or printed name of registered age	ont and tity if applicable.	(NOTE: RE	13.	ir ziðustora tadnir	ADDITIONS/CHAN	GES TO OF	FICERS AN	D DIRECTO	ORS IN 12
TITLE	D.		DELETE	1.1 TITLE					☐ Change	Addition
NAME	GRAY, G. WILLIAM	_		1.2 NAME						_
(-,;	2919 GANDY BOULEVARD		i	1.3 STREET	TADDDESS					
STREET ADDRESS										
CITY-ST-ZIP TITLE	TAMPA FL		DELETE	1.4 CITY-S' 2.1 TITLE	1-212	<del></del>			Change	Addition
1	D DALLA		DEELIC		ĺ					
NAME	GRAY, DALIA		•	2.2 NAME						:
STREET ADDRESS	2919 GANDY BOULEVARD			2.3 STREET	ŀ					
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STREET ADDRESS	34			4.3 STREET	ADDRESS					1
CITY-ST-ZIP,T	Kert .		<u></u>	4.4 CITY-5	T-ZIP					
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CITY-ST-ZIP.				5.4 CITY-5	T-ZIP					
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NAME			1	6.2 NAME	}					
STREET ADDRESS	} ·			6.3 STREET	ADDRESS					ļ
CITY OT TIP				64 CITY-S	T. 7IP					

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

SIGNATURE: