

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851345

Entity Name: JAMES N. GRAY COMPANY**Current Principal Place of Business:**10 QUALITY ST
LEXINGTON, KY 40507-1450**Current Mailing Address:**P.O. BOX 8330
LEXINGTON, KY 40533-8330 US**FEI Number:** 61-0990546**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name GRAY, STEPHEN PRES
Address 10 QUALITY STREET
City-State-Zip: LEXINGTON KY 40507

Title VP
Name PARKER, SCOTT VP
Address 10 QUALITY STREET
City-State-Zip: LEXINGTON KY 40507

Title VP
Name SUMMERS, STEVE VP
Address 10 QUALITY STREET
City-State-Zip: LEXINGTON KY 40507

Title SECRETARY
Name PARKER, JERROLD SCOTT
Address 10 QUALITY ST
City-State-Zip: LEXINGTON KY 40507-1450

Title TREASURER
Name PARKER, JERROLD SCOTT
Address 10 QUALITY ST
City-State-Zip: LEXINGTON KY 40507-1450

Title DIRECTOR
Name GRAY, JAMES P II
Address 10 QUALITY ST
City-State-Zip: LEXINGTON KY 40507-1450

Title DIRECTOR
Name GRAY, STEPHEN ALEXANDER
Address 10 QUALITY ST
City-State-Zip: LEXINGTON KY 40507-1450

Title CFO
Name LEONARDIS, KIMBERLY
Address 10 QUALITY ST
City-State-Zip: LEXINGTON KY 40507-1450

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY LEONARDIS**CFO/ASSISTANT
SECRETARY****01/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title COO
Name JONES, BRIAN
Address 10 QUALITY ST
City-State-Zip: LEXINGTON KY 40507-1450

Title DIRECTOR
Name PARKER, JERROLD SCOTT
Address 10 QUALITY ST
City-State-Zip: LEXINGTON KY 40507-1450

Title ASSISTANT SECRETARY
Name LEONARDIS, KIMBERLY
Address 10 QUALITY ST
City-State-Zip: LEXINGTON KY 40507-1450