

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

1996-05-10 B-7109 C

DOCUMENT # 446564

(7)

JOHN W. GRAY INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

3400 9TH ST N - St 304  
NAPLES FL 33940

3400 9TH ST N - St 304  
NAPLES FL 33940

2. Principal Place of Business

2a. Mailing Address

21 Above

26 Above

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

GRAY, (JOHN W.)  
3400 N TAMiami TRAIL  
NAPLES FL 33940

3. Date Incorporated or Qualified

02/19/1974

3a. Date of Last Report

04/04/1995

4. FEI Number

59-1509681

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GRAY, (JOHN W.)  
STREET ADDRESS 210 BAY POINT  
CITY - ST - ZIP NAPLES FL

TITLE D  
NAME GRAY, (WILLIAM JOY)  
STREET ADDRESS 210 BAY POINT BAY POINT  
CITY - ST - ZIP NAPLES FL

TITLE D  
NAME GRAY, THOMAS RANDALL  
STREET ADDRESS 700 WILLOWOOD LANE  
CITY - ST - ZIP NAPLES FL

TITLE D  
NAME GRAY, AMELIA S ORKIN  
STREET ADDRESS 12 WATERFORD COURT  
CITY - ST - ZIP ATLANTA GA

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

John W. Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/96 (941) 261-0425

CR2E034 (3/96)