

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

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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **850722** (0)
1. Corporation Name
THE GRAY INSURANCE COMPANY

Principal Place of Business 3601 N I-10 SERVICE RD METAIRIE LA 70002-7045 US	Mailing Address P O BOX 6202 METAIRIE LA 70009-6202 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/15/1981	3a. Date of Last Report 04/16/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 72-0824217		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE OF FLORIDA CAPITAL BLDG TALLAHASSEE FL FL 32301		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City		85. Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	GRAY, DENVER F. <input type="checkbox"/> DELETE	1.1 TITLE C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME GRAY, DENVER F.	
STREET ADDRESS 3601 N I-10 SERVICE RD W		1.3 STREET ADDRESS	
CITY- ST- ZIP METAIRIE LA		1.4 CITY- ST- ZIP	
TITLE VPD	GRAY, DOROTHY VERLANDER <input checked="" type="checkbox"/> DELETE	2.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME HUGHES, ROBERT M.	
STREET ADDRESS 3601 N I-10 SERVICE ROAD W		2.3 STREET ADDRESS 3601 N I-10 SERVICE ROAD W.	
CITY- ST- ZIP METAIRIE LA		2.4 CITY- ST- ZIP METAIRIE, LA 70002-7045	
TITLE VPD	GRAY, WALTER VERLANDER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS 3601 N I-10 SERVICE RD W		3.3 STREET ADDRESS	
CITY- ST- ZIP METAIRIE LA		3.4 CITY- ST- ZIP	
TITLE VPD	GRAY, MICHAEL TOWNSEND <input type="checkbox"/> DELETE	4.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME GRAY, MICHAEL TOWNSEND	
STREET ADDRESS 3601 N I-10 SERVICE ROAD W		4.3 STREET ADDRESS	
CITY- ST- ZIP METAIRIE LA		4.4 CITY- ST- ZIP	
TITLE VPD	GRAY, ERIC VERLANDER <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS 3601 N I-10 SERVICE ROAD W		5.3 STREET ADDRESS	
CITY- ST- ZIP METAIRIE LA		5.4 CITY- ST- ZIP	
TITLE S	MANGUNO, MARK STEVEN <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS 3601 N I-10 SERVICE ROAD W		6.3 STREET ADDRESS	
CITY- ST- ZIP METAIRIE LA		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL T. GRAY, PRESIDENT

04/17/97 (504)888-7790

Date

Digitized by: #

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