FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **851345** **(9)**

1. Corporation Name

JAMES N. GRAY CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
250 W MAIN ST STE - 2500 LEXINGTON KY 40507 US	P.O. BOX 8330 LEXINGTON KY 40533-8330 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/18/1981**
3a. Date of Last Report: **05/23/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **61-0990546** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GRAY, C.C. HOWARD	12 NAME	
STREET ADDRESS	1867 PARKERS MILL RD.	13 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	GRAY, FRANKLIN N.	22 NAME	
STREET ADDRESS	301 S HANOVER	23 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	24 CITY-ST-ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	PARRISH, DANNY B.	32 NAME	
STREET ADDRESS	4021 WEBER WAY	33 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	34 CITY-ST-ZIP	
TITLE	DC	41 TITLE	☐ Change ☐ Addition
NAME	GRAY, LOIS H	42 NAME	
STREET ADDRESS	HIGHLAND PARK	43 STREET ADDRESS	
CITY-ST-ZIP	GLASGOW KY	44 CITY-ST-ZIP	
TITLE	AT	51 TITLE	☐ Change ☐ Addition
NAME	PARKER, J. SCOTT	52 NAME	
STREET ADDRESS	2529 ABBEYWOOD PL	53 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	54 CITY-ST-ZIP	
TITLE	EV	61 TITLE	☐ Change ☐ Addition
NAME	GRAY, JAMES P., II	62 NAME	
STREET ADDRESS	304 WEST THIRD ST	63 STREET ADDRESS	
CITY-ST-ZIP	LEXINGOTN KY	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ ASST. TREASURER 4/26/95 (606)281-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478382 FP