


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

**FILED**

**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 851345 (9)**

1. Corporation Name  
**JAMES N. GRAY CONSTRUCTION CO., INC.**  
*James N. Gray Company*



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

3. Date Incorporated or Qualified: **12/18/1981**  
 3a. Date of Last Report: **04/30/1996**  
 4. FEI Number: **61-0990546**  
 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

2. Principal Place of Business: 21 **10 Quality Street**  
 Suite, Apt. #, etc.  
 22 City & State: **Lexington Ky**  
 23 Zip: **40507-1450** Country: **USA**  
 24 25 26 27 28 29 30

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, 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, C.C. HOWARD               | 1.1 TITLE   | Gray, C.C. Howard                      |
| NAME                       | 1867 PARKERS MILL RD. LEXINGTON KY | 1.2 NAME  | 2411 Island Drive Lexington 40502      |
| STREET ADDRESS             |                                    | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                    | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | VS GRAY, FRANKLIN N.               | 2.1 TITLE   | Gray, Franklin N.                      |
| NAME                       | 301 S HANOVER LEXINGTON KY         | 2.2 NAME  | 2192 South Hanover Lexington, Ky 40501 |
| STREET ADDRESS             |                                    | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                    | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | VT PARRISH, DANNY B.               | 3.1 TITLE   |  |
| NAME                       | 4021 WEBER WAY LEXINGTON KY        | 3.2 NAME  |  |
| STREET ADDRESS             |                                    | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                    | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | DC GRAY, LOIS H                    | 4.1 TITLE   |  |
| NAME                       | HIGHLAND PARK GLASGOW KY           | 4.2 NAME  |  |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                    | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      | AT PARKER, J. SCOTT                | 5.1 TITLE   |  |
| NAME                       | 2529 ABBEYWOOD PL LEXINGTON KY     | 5.2 NAME  |  |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                    | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | EV GRAY, JAMES P., II              | 6.1 TITLE   | Gray, James P. II                      |
| NAME                       | 304 WEST THIRD ST LEXINGTON KY     | 6.2 NAME  | 216 Market Street Lexington, Ky 40507  |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                    | 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)(b), 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]* **RECORDED & INDEXED** DATE: **4-25-97** DAYTIME PHONE: **606-281-9336**

CR2E034 (9/96)