

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

**FILED**  
**Feb 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 851345 (9)**  
 1. Corporation Name  
**JAMES N. GRAY COMPANY**



Principal Place of Business <b>10 QUALITY ST                  LEXINGTON KY 40507-1450                  US</b>	Mailing Address <b>P.O. BOX 8330                  LEXINGTON KY 40533-8330                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/18/1981</b>	
4. FEI Number <b>61-0990546</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PD GRAY, C.C. HOWARD 2411 ISLAND DR LEXINGTON KY</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VS GRAY, FRANKLIN N. 219 S HANOVER LEXINGTON KY</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VT PARRISH, DANNY B. 4021 WEBER WAY LEXINGTON KY</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DC GRAY, LOIS H HIGHLAND PARK GLASGOW KY</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AT PARKER, J. SCOTT 2529 ABBEYWOOD PL LEXINGTON KY</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>EV GRAY, JAMES P., II 216 MANHIT ST LEXINGTON KY</b> <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Kimberly Leonardis* Kimberly Leonardis 1/29/98 (000) 281-5000

CR2E034 (10/97)

**JAMES N. GRAY COMPANY  
BOARD OF DIRECTORS AND PRIMARY OFFICERS**

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**CHAIRPERSON  
LOIS H. GRAY**

Highland Park;  
Glasgow, Kentucky 42141  
Phone 502/651-3205  
Social Security Number: 401-54-2370  
Date of Birth: 09/10/20

**Board Member:  
1981-Present**

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**PRESIDENT  
C.C. HOWARD GRAY**

2141 Island Drive;  
Lexington, Kentucky 40502  
Phone: 606/269-2900  
Social Security Number: 407-62-2442  
Date of Birth: 07/03/49

**Board Member:  
1981-Present**

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**EXECUTIVE VICE PRESIDENT  
JAMES P. GRAY, II**

216 Market Street  
Lexington, Kentucky 40507  
Phone: 606/255-4046  
Social Security Number: 400-66-7630  
Date of Birth: 08/18/53

**Board Member:  
From 1981 to 1987  
1990 to Present**

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**SECRETARY & TREASURER  
EXECUTIVE VICE PRESIDENT  
CHIEF OPERATING OFFICER**

**FRANKLIN N. GRAY**  
219 South Hanover;  
Lexington, Kentucky 40501  
Phone: 606/269-2826  
Social Security Number: 400-66-7629  
Date of Birth: 06/13/56

**Board Member:  
1987-Present**

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**PROJECT MANAGER**

**STEPHEN A. GRAY**  
1109 Fincastle  
Lexington, Kentucky 40502  
Phone: 606/276-2090  
Social Security Number: 402-78-0651  
Date of Birth: 06/30/65

**Board Member  
12-14-95 - Present**

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**CORPORATE OFFICERS OF JAMES N. GRAY COMPANY**

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**VICE-PRESIDENT, FINANCE  
ASSISTANT SECRETARY & ASSISTANT TREASURER**

**DANNY B. PARRISH**  
4021 Weber Way:  
Lexington, Kentucky 40514-1101  
Phone: 606/223-7252  
Social Security Number: 403-64-0282  
Date of Birth: 07/01/47

**Employed:**  
1979-Present  
**Officer:**  
1983-Present

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**VICE-PRESIDENT, BUSINESS DEVELOPMENT**

**ALAN L. FOWLER**  
1007 Lodge Hill Road:  
Louisville, Kentucky 40223  
Phone: 502/244-0465  
Social Security Number: 384-36-1321  
Date of Birth: 06/15/38

**Employed:**  
1987-Present  
**Officer**  
1987-Present

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**VICE-PRESIDENT, OPERATIONS**

**RICHARD C HARRIS**  
103 Foxborough Court  
Nicholasville, Kentucky 40356  
Phone: 606/224-1450  
Social Security Number: 400-82-3917  
Date of Birth: 01/04/54

**Employed:**  
1980-Present  
**Officer:**  
1989-Present

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**VICE-PRESIDENT, CONSTRUCTION ADMINISTRATION**

**DAVID C. COMBS**  
833 Chinoe Road  
Lexington, Kentucky 40502  
Phone: 606/268-0738  
Social Security Number: 404-64-6907  
Date of Birth: 06/04/49

**Employed:**  
1977-1980  
1987-Present  
**Officer:**  
1990-Present

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**VICE-PRESIDENT, BUSINESS STRATEGIES**

**PHIL BAUGHN**  
3501 Castlegate East Wynd  
Lexington, Kentucky 40502  
Phone: 606/268-1994  
Social Security Number: 262-19-8348  
Date of Birth: 10/28/55

**Employed:**  
2/1/96-Present  
**Officer**  
2/1/96-Present

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**VICE-PRESIDENT, JAPANESE PROJECTS**

**HIDEO ITO**  
2056 Lakeside Drive  
Lexington, Kentucky 40502  
Phone: 606/269-4717  
Social Security Number: 572-29-8358  
Date of Birth: 9/23/48

**Employed:**  
10/7/83-Present  
**Officer**

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**ASSISTANT TREASURER  
CORPORATE CONTROLLER**

**JERROLD S. PARKER**  
2529 Abbeywood Place  
Lexington, Kentucky 40515  
Phone: 606/273-8406  
Social Security Number: 403-08-6795  
Date of Birth: 03/16/63

**Employed:**  
1989-Present  
**Officer:**  
1989-Present

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**ASSISTANT TREASURER**  
Project Cost Administrative Manager

**BARBARA G. HARROD**  
116 Michael Blvd.  
Frankfort, Kentucky 40601  
Phone: 502/223-3942  
Social Security Number: 406-84-0953  
Date of Birth: 01/10/57

**Employed:**  
1990-Present  
Officer  
1990-Present

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**ASSISTANT TREASURER**  
ASSISTANT CORPORATE CONTROLLER

**KIMBERLY G. LEONARDIS**  
235 Southport Drive  
Lexington, Kentucky 40503  
Phone: 606/276-5148  
Social Security Number: 407-68-5710  
Date of Birth: 3/21/65

**Employed:**  
3/20/89  
Officer  
8/15/96