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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 851345 1. Corporation Name

JAMES N. GRAY COMPANY

Principal Place of Business Mailing Address

10 QUALITY ST P.O. BOX 8330
LEXINGTON KY 40507-1450 LEXINGTON KY 40533-8330

## FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90058 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/18/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 61-0990546 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes □No 24 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **CT CORPORATION SYSTEM** 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 ···是四个提表。 84 City G .46 11 187 5 .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 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. HOW THE HAND IN Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) . . . 3 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE 11 TITLE ☐ Addition Change GRAY, C.C. HOWARD NAME 1.2 NAME 2411 ISLAND DR STREET ADDRESS 1.3 STREET ADDRESS **LEXINGTON KY** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GRAY, FRANKLIN N. 2.2 NAME NAME . 219 S HANOVER 2.3 STREET ADDRESS STREET ADDRESS **LEXINGTON KY**2: CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition PARRISH, DANNY B. NAME 3.2 NAME 4021 WEBER WAY STREET ADDRESS 3.3 STREET ADDRESS LEXINGTON KY CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 41TITLE GRAY, LOIS H STREET ADDRESS HIGHLAND PARK 4.3 STREET ADDRESS CITY-ST-ZIP **GLASGOW KY** 4.4 CITY-ST-ZIP □ DELETE ☐ Addition TITLE 5.1 TITLE Change 13.74 5.2 NAME NAME PARKER, J. SCOTT 2529 ABBEYWOOD PL STREET ADDRESS 5.3 STREET ADDRESS 1. LEXINGTON KY 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ 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 of 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 of 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 the appears with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

GRAY, JAMES P., II

216 MANHIT ST

LEXINGOTN KY.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pate Daytime Pt

CR2E034 (11/98)