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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris 🗻

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT # F9600005005

1. Corporation Name

GRAY FLORIDA HOLDINGS, INC.

Principal Place of Business	Mailing Address							
1306 THOMASVILLE RD TALLAHASSEE FL 32303 US	126 N. WASHINGTON ST. ALBANY GA 31701 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/30/1996				
2. Principal Place of Business	`. \2a. Mailing Address			4. FEI Number	Applied For			
2. Principal Place of Business	26			58-2254140	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip 30	Country		This corporation owes the current year I Personal Property Tax.	ntangible □ Yes □ No			
9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Registere	d Agent :			
CHOMAT JR, BOB 1306 THOMASVILLE ROAD TALLAHASSEE FL 32303		81 82 83		ress (P.O. Box Number is Not Acceptable)				
		84	- ,	F	l			
 Pursuant to the provisions of Sections 607 office or registered agent, or both, in the S 	.0502 and 607.1508, Florida Statutes, the tate of Florida. Such change was authority	e above zed by	e-named corp the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered			

ts registered registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature r	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	COB	☐ DELETE	1.1 TITLE	S	Change	Addition
NAME	ROBINSON, J M		1.2 NAME	Luke Vance		
STREET ADDRESS	3500 TUXEDO RD NW		1.3 STREET ADDRESS	126 N. Washington St.		
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	Albany, GA - 31701		`
TITLE		☐ DELETE	2.1 TΠLE	<u>V</u>	• 🔲 Change	Addition
NAME	BOGER, RICHARD L		2.2 NAME	Prather, Robert S.	_	
STREET ADDRESS	303 TOWNSEND PL NW		2.3 STREET ADDRESS	4370 Peachtree Rd. NE 🥆	·	
CITY-ST-ZIP	ATLANTA GA		2, 4 CITY-ST-ZIP	Atlanta, GA =30327		
TITLE	D	DELETE	3.1 TITLE	D	Change	Addition
NAME	HOWELL, HILTON H JR		3.2 NAME	Miller, Zell		
STREET ADDRESS	567 PEACHTREE BATTLE AVE		3.3 STREET ADDRESS	706 Miller Street		
CITY-ST-ZIP	ATLANTA GA		3.4, CITY-ST-ZIP	Young Harris, GA 30582		
TITLE	С	□ DELETE	4.1 TITLE		☐ Change	
NAME	MAYHER, WILLIAM E III		4. 2 NAME			
STREET ADDRESS	2520 DOUBLEGATE DR		4.3 STREET ADDRESS	•		
CITY-ST-ZIP	ALBANY GA		4.4 CITY-ST-ZIP			
TITLE	D	DELETE	5.1 TITLE		Change	Addition
NAME	NEWTON, HOWELL W		5.2 NAME	***		
STREET ADDRESS	219 BROOKLYN AVE		5.3 STREET ADDRESS		•	
CITY-ST-ZIP	FORSYTH GA		5.4 CITY-ST-ZIP			
TITLE	D	DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	Norton, Hugh		6.2 NAME			
STREET ADDRESS	830 GULF SHORES DR UNIT 5121		6.3 STREET ADDRESS			
CITY-ST-ZIP	DESTIN FL		6.4 CITY-ST-ZIP	The ide Change I feelbar	are security to	f

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 13 if changed, or on an attachment with an address, with all other like empowered.

Apřil 29, 1999 912-888-9368

FILED

May 03, 1999 8:00 am Secretary of State

05-03-1999 90020 035 ***150.00