FILED											
May	05.	20	03	8:00	am						
				State							

05-05-2003 90702 024 ***150.00

GRAY FLO	ORIDA HOLDINGS, INC.									
Principal Place of Business 1306 THOMASVILLE RD TALLAHASSEE FL 32303 US		Mailing Address P.O. BOX 1867 126 N. WASHINGTON STREET ALBANY GA 31702-1867 US				1103/12/				
2. Principal Place of Business		3. Mailing Address				4 1881 1881 1410 10118 81111 88111 88111 88		DI BIRIT BENI	48161 1411 1814 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 58-2254140			oplied For		
Zip	Country	Zip	Count	try		5. Certificate of Status Desired		8.75 Addee Require	ditional	
	6. Name and Address of Current F	Registered Agent				7. Name and Address of New Regi				
				Name						
CHOMAT,			İ	Street Ad	idress (P.0	O. Box Number is Not Acceptable)		-		
	MASVILLE ROAD		}							
IALLAMAS	SSEE FL 32303									
				City		·	FL	Zip Cod	е	
	named entity submits this statement for ions of registered agent.	the purpose of changing	its registere	ed office or r	registered	dagent, or both, in the State of Florida	a. Iam fa	miliar with,	and accept	
*	Signature, typed or printed name of registered agent a	nd title if applicable. (N	OTE: Registered	d Agent signatur	re required wh	nen reinstating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State	-			Election Campaign Financ Trust Fund Contribution.	sing		0 May Be d to Fees	
10. ;	OFFICERS AND I	DIRECTORS	11.		_	ADDITIONS/CHANGES TO OFFICE	RS AÑD [DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Prather, Robert S 4370 Peachtree RD., Ne Atlanta ga 30319	☐ Delete	1	ET ADDRESS	4370	ck Robinson Peachtree RD, NE. ta, Ga. 30319		Change	X] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Boger, Richard L 303 Townsend PL NW ATLANTA GA 30327	X Delete		ET ADDRESS	VP James 4370	C. Ryan Peachtree RD, NE ta, GA. 30319	1	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Howell, Hilton H Jr 4370 Peachtree Road Ne Atlanta ga 30319	X Defete		ET ADDRESS	S Rober 1750 l	t A. Beizer K Street, NW, Suite ngton, DC. 20006		Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Mayher, William e III 2520 Doublegate Drive Albany ga 31707	Delete		ET ADDRESS	AS Jackso 126 N	on S. Cowart, IV Washington St. y, Ga. 31702	-	Change	★ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWTON, HOWELL W 2 NORTH JACKSON STREET FORSYTH GA 31029	X Delete		ET ADDRESS 2	AS Vance 220 J	F. Luke Ohn Knox Rd, Suite 1 bassee, F1. 32303		☐ Change	▼ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, HUGH 102 SW BEAL PARKWAY FORT WALTON BEACH FL 32549	Delete	1	ET ADDRESS 3	P (Pag Bob Cl 1306 T	ging Division)	[Change	X Addition	

12. 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 report or supplemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

1. Entity Name

F96000005005