FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F97150** **(9)**

1. Corporation Name

GRAY LABORATORIES, INC.

Principal Place of Business	Mailing Address
5950 CROOKED CREEK ROAD. SUITE 140 NORCROSS GA 30092	5950 CROOKED CREEK ROAD. SUITE 140 NORCROSS GA 30092

3. Date Incorporated or Qualified: **08/27/1982**

3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business	2a. Mailing Address
21 4100 Perimeter Park So.	26 5881 Glenridge Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 230
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA
Zip 24 30341 Country 25	Zip 29 30328 Country 30 USA

4. FEI Number: **58-1495823** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMMEE, JOHN T 2380 S. RIVER RD MELBOURNE BCH. FL 32951	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMMEE, JOHN T		1.2 NAME		
STREET ADDRESS	2380 S RIVER RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BCH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, JAMES S		2.2 NAME		
STREET ADDRESS	4718 PINE ACRES COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNWOODY, GA 00000		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FARRELL, MICHAEL J		3.2 NAME		
STREET ADDRESS	610 MARK TRAIL COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	WRIGHT, J.G.		4.2 NAME	Kathyrn E. Robbins	
STREET ADDRESS	3341 CARDINAL LAKE DRIVE		4.3 STREET ADDRESS	5950 Crooked Creek Rd. Ste 140	
CITY-ST-ZIP	DULUTH GA		4.4 CITY-ST-ZIP	Norcross, GA 30092	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4-26-96 (404) 256-9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)