

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97150** (9)
1. Corporation Name
GRAY LABORATORIES, INC.

Principal Place of Business 4100 PERIMETER PARK SO ATLANTA GA 30341 US	Mailing Address 2881 GLENRIDGE DRIVE SUITE 230 ATLANTA GA 30328 US
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2. Principal Place of Business 21		2a. Mailing Address 26 5881 Glenridge Dr.		3. Date Incorporated or Qualified 08/27/1982	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 Suite 230		4. FEI Number 58-1495823	Applied For Not Applicable
City & State 23		City & State 28 Atlanta GA		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29 30328	Country 30 USA	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					

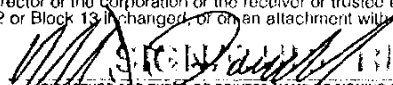
9. Name and Address of Current Registered Agent WILLIAMMEE, JOHN T 2380 S. RIVER RD MELBOURNE BCH. FL 32951		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	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	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	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	S	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, KATHRY E.	4.2 NAME	
STREET ADDRESS	5950 CROOKED CREEK RD SUTIE 140	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 in changed or on an attachment with an address.

SIGNATURE:  Vice President
Michael J. Farrell 4-28-97 (404) 256-9640

CR2E034 (9/96)