

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # H23692

1. Entity Name

GRAY RIDER TRUCK LINES, INC.



Principal Place of Business

32555 U.S. HWY. 90  
P. O. BOX 17415  
PENSACOLA, FL 32522

Mailing Address

32555 U.S. HWY. 90  
P. O. BOX 17415  
PENSACOLA, FL 32522

**FILED**  
**Aug 14, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2479932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEE, JOHN PARK  
7027 RYAN LANE  
MILTON, FL 32570

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEE, JOHN PARK
STREET ADDRESS	7027 RYAN LANE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	VS
NAME	BUSBY, JAMES
STREET ADDRESS	311 DOLPHIN STEET
CITY-ST-ZIP	GULF BREEZE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000957715  
08/14/08-80003-015 558.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee 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: **JOHN PARK LEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**251-946-3030**

Daytime Phone #