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FILED  
Jun 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H40778 (3)  
1. Corporation Name  
LAYMON GRAY OF OKALOOSA COUNTY, INC.



Principal Place of Business Mailing Address  
575 SHORE DR BOX 1883  
DESTIN FL 32541 DESTIN FL 32540-1883  
US

2. Principal Place of Business

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
27 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

LUSBY, JAMES R  
202 ANGELFISH  
SUITE 1  
FT. WALTON BEACH FL 32548

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
City FL 85 Zip Code

3. Date Incorporated or Qualified 02/01/1985 3a. Date of Last Report 07/17/1996  
4. FEI Number 59-2625295 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

10. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
P LUSBY, JAMES R. 202 ANGELFISH, SUITE 1 575 Shore Dr Destin FL 32541  
DELETE  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DELETE  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DELETE  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DELETE  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP  
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP  
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP  
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP  
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP  
61 TITLE 62 NAME 63 STREET ADDRESS 64 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 if changed, or on an attachment with an address.

SIGNATURE

*[Handwritten Signature]* 6/5/97 9:42 4241779