

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # J05255 (1)
 1. Corporation Name
B.M. GRAY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
% BEN GRAY 953 CARDINAL ST. NAPLES FL 33942		% BEN GRAY 953 CARDINAL ST. NAPLES FL 33942	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/20/1986	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip Country	28 Zip Country	59-2699725	Not Applicable
24 34104	25	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	29 34104	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

GRAY, BEN
953 CARDINAL ST.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL 34104**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GRAY, BENJAMIN	
STREET ADDRESS	953 CARDINAL STREET	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Janet P. Gray
2.3 STREET ADDRESS	953 Cardinal St.
2.4 CITY-ST-ZIP	Naples, FL 34104
3.1 TITLE	Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Clark P. Gray
3.3 STREET ADDRESS	4936 Biscayne Dr.
3.4 CITY-ST-ZIP	Naples, FL 34112
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Benjamin Gray*

3/14/98

CR2E034 (10/97)