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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90050 011 ***150.00

1/25/1998

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J05255

1. Corporation Name
B.M. GRAY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 % BEN GRAY % BEN GRAY
 953 CARDINAL ST. 953 CARDINAL ST.
 NAPLES FL 34104 NAPLES FL 34104
 US US

3. Date Incorporated or Qualified
03/20/1986

2. Principal Place of Business 2a. Mailing Address
 21 **above** 26 **above**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
59-2699725 Not Applicable

22 City & State 27 City & State
Naples, FL

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 Zip Country 28 Zip Country
34104 **Collier**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 25 29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY, BEN
 953 CARDINAL ST.
 NAPLES FL 34104

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, BENJAMIN	1.2 NAME	
STREET ADDRESS	953 CARDINAL STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, JANET P	2.2 NAME	
STREET ADDRESS	953 CARDINAL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, CLARK P	3.2 NAME	
STREET ADDRESS	4936 BISCAYNE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Janet P. Gray 1/12/99 944-643-0822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)