

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P07908 (7)

1. Corporation Name

GRAY-MOSKALUK & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

1655 PEACHTREE ST. N.E.  
SUITE 520  
ATLANTA GA 30309

1655 PEACHTREE ST. N.E.  
SUITE 520  
ATLANTA GA 30309

3. Date Incorporated or Qualified  
10/29/1985

3a. Date of Last Report  
05/01/1995

4. FEI Number

58-1626967

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1800 PEACHTREE ST. N.W.

26 1800 PEACHTREE ST. N.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 202

27 SUITE 202

City & State

City & State

23 ATLANTA GA

28 ATLANTA GA

Zip

Country

Zip

Country

24 30309

25 FULTON

29 30309

30 FULTON

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DODGE, HOWARD T.  
4011 NORTH 41ST COURT  
HOLLYWOOD FL 33021

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

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS GRAY, JAMES C.  
CITY - ST - ZIP 540 PARK AVENUE  
ATLANTA GA

TITLE ☐ DELETE

NAME ST  
STREET ADDRESS DEVOS, M TODD  
CITY - ST - ZIP 175 HAUTER PLACE  
LILBURN GA

TITLE ☐ DELETE

NAME VPD  
STREET ADDRESS MOSKALUK, M JOHN  
CITY - ST - ZIP 3852 FOXFORD DR.  
ATLANTA GA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: M. JOHN MOSKALUK

3/8/96 (404) 365-4010

Date

Daytime Phone #

CR2E034 (12/95)