

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90020 034 \*\*\*150.00

DOCUMENT # P17617

1. Corporation Name

GRAY TRANSPORTATION COMPANY, INC.

Principal Place of Business

126 N. WASHINGTON STREET  
ALBANY GA 31701

Mailing Address

P.O. BOX 48  
ALBANY GA 31702-0048

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1988

4. FEI Number

58-1162362

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, JAN  
904 LASSWADE DR.  
TALLAHASSEE FL 32312

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BOGER, RICHARD L  
STREET ADDRESS 3495 PIEDMONT ROAD, N.E., BLD. 11, STE 718  
CITY-ST-ZIP ATLANTA GA 30305

1.1 TITLE V ☐ Change ☒ Addition  
1.2 NAME Prather, Robert S.  
1.3 STREET ADDRESS 4370 Peachtree Rd NE  
1.4 CITY-ST-ZIP Atlanta, GA 30327

TITLE D ☐ DELETE  
NAME HOWELL, HILTON H JR.  
STREET ADDRESS 4370 PEACHTREE RD. N.E.  
CITY-ST-ZIP ATLANTA GA 30319

2.1 TITLE S ☐ Change ☒ Addition  
2.2 NAME Luke, Vance  
2.3 STREET ADDRESS 126 N. Washington St.  
2.4 CITY-ST-ZIP Albany, GA 31701

TITLE D ☐ DELETE  
NAME MAYHER, WILLIAM E III  
STREET ADDRESS 804 13TH AVENUE  
CITY-ST-ZIP ALBANY GA 31701

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Miller, Zell  
3.3 STREET ADDRESS 706 Miller Street  
3.4 CITY-ST-ZIP Young Harris, GA 30582

TITLE D ☐ DELETE  
NAME NEWTON, HOWELL W  
STREET ADDRESS 2 NORTH JACKSON STREET  
CITY-ST-ZIP FORSYTH GA 31029-0270

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

TITLE D ☐ DELETE  
NAME NORTON, HUGH  
STREET ADDRESS 2331 HENRY CLOWER BLVD.  
CITY-ST-ZIP SNELLVILLE GA 30278

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

TITLE PD ☐ DELETE  
NAME ROBINSON, J.M.  
STREET ADDRESS 3500 TUREDO RD, N.W.  
CITY-ST-ZIP ATLANTA GA

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1999 912-888-9368

Date

Daytime Phone #

CR2E034 (1/98)