

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90066 028 ***150.00

DOCUMENT # P17617

1. Entity Name

GRAY TRANSPORTATION COMPANY, INC.

Principal Place of Business

**126 N. WASHINGTON STREET
ALBANY GA 31701**

Mailing Address

**P.O. BOX 1867
ALBANY GA 31702-1867**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **58-1162362**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, JAN
904 LASSWADE DR.
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PRATHER, ROBERT S**
STREET ADDRESS **4370 PEACHTREE RD., NE**
CITY-STATE-ZIP **ATLANTA GA 30327**TITLE **D** ☐ Delete
NAME **HOWELL, HILTON H JR.**
STREET ADDRESS **4370 PEACHTREE RD. N.E.**
CITY-STATE-ZIP **ATLANTA GA 30319**TITLE **D** ☐ Delete
NAME **MAYHER, WILLIAM E III**
STREET ADDRESS **804 13TH AVENUE**
CITY-STATE-ZIP **ALBANY GA 31701**TITLE **D** ☐ Delete
NAME **NEWTON, HOWELL W**
STREET ADDRESS **2 NORTH JACKSON STREET**
CITY-STATE-ZIP **FORSYTH GA 31029-0270**TITLE **D** ☐ Delete
NAME **NORTON, HUGH**
STREET ADDRESS **2331 HENRY CLOWER BLVD.**
CITY-STATE-ZIP **SNELLVILLE GA 30278**TITLE **PD** ☐ Delete
NAME **ROBINSON, J.M.**
STREET ADDRESS **3500 TUREDO RD, N.W.**
CITY-STATE-ZIP **ATLANTA GA**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. S. Court, IV*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-19-01 (229)434-8741

Daytime Phone #

CR2E034 (10/00)