

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90185 002 \*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1162362**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIGUE, JERE  
4000 CR 12  
TALLAHASSEE FL 32312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **PRATHER, ROBERT S**  
STREET ADDRESS **4370 PEACHTREE RD., NE**  
CITY-ST-ZIP **ATLANTA GA 30327**

TITLE **C/D/P** ☐ Change ☒ Addition  
NAME **J. Mack Robinson**  
STREET ADDRESS **4370 Peachtree RD, NE.**  
CITY-ST-ZIP **Atlanta, Ga. 30319**

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

TITLE **V** ☐ Change ☒ Addition  
NAME **James C. Ryan**  
STREET ADDRESS **4370 Peachtree RD, NE**  
CITY-ST-ZIP **Atlanta, Ga. 30319**

TITLE **D** ☒ Delete  
NAME **MAYHER, WILLIAM E III**  
STREET ADDRESS **2520 E. DOUBLEGATE DR.**  
CITY-ST-ZIP **ALBANY GA 31707**

TITLE **S** ☐ Change ☒ Addition  
NAME **Robert A. Beizer**  
STREET ADDRESS **1750 K Street, NW, Suite 1200**  
CITY-ST-ZIP **Washington, DC. 20006**

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

TITLE **AS** ☐ Change ☒ Addition  
NAME **Vance F. Luke**  
STREET ADDRESS **220 John Knox RD, Suite 1**  
CITY-ST-ZIP **Tallahassee, FL. 32303**

TITLE **D** ☒ Delete  
NAME **NORTON, HUGH**  
STREET ADDRESS **102 SW BEAL PKWY**  
CITY-ST-ZIP **FT. WALTON BEACH FL 32549**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Delete  
NAME **COWART, JACKSON S. IV**  
STREET ADDRESS **128 NORTH WASHINGTON ST.**  
CITY-ST-ZIP **ALBANY GA 31701**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-30-03 229 4348741**

CR2E034 (10/02)