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

PROFIT CORPORATION ANNUAL REPORT

CHY-ST-7IP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9300051010 (5)
GRAY EXECUTIVE SERVICES, INC.

Principal Piaco 1633 PERIWINK SUITE A SANIBEL FL 33	LE WAY 957	Mailing Address 1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957-4404			3. Date Incorporated or Qualified 07/16/1993				
<u>'</u>	lace of Business	2a. Mailing Address				4. FEI Number 65-0426449		<u> </u>	oplied For
Suite, Apt	#. etc.	26						\$8.75	ot Applicable
22		27				5. Certificate of Status Desired			equired
City & State		City & State	City & State		6. Election Campaign Financing		\$5.00	May Be	
23		28			·····	Trust Fund Contribution		Added	to Fees
Zip 7271	Country	Zip	·			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	25 9, Name and Address of Currer	29 nt Registered Agent	30			Florida Statutes 10. Name and Address of New Re			
MUR	TY, TIMOTHY J			B1 1	Name		************		
	PERIWINKLE WAY		Ļ	90 (Ct Add	ess (P.O. Box Number is Not Acceptate	-1-1		
SUIT				92 3	Street Addre	ess (P.O. Box Number is Not Acceptat)ie)		
	IBEL FL 33957		Ī	33			-		
			ļ _i	B4 (City			85 Zip (Code
		20 1007 4600 Florid Out			·		FL		
office or r	to the provisors of sections 607,056 to registered agent, or both, in the State of familiar with, and accept the oblig	∍of Florida. Such change was	s authorize c	by th	he corporati	oration submits this statement for the jon's board of directors. I hereby acce	pt the app	oointment as	registered
SIGNATURE	Stignature, typical or posited resone of registered ag-			Agent (signature require	ed when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	PST Gray, dale a	☐ DELETE	1.1 TITL					Change	Addition
NAME CHARLE ASSESSED	1134 SCHOONER PLACE		1.2 NAME 1.3 STREET ADDRESS		ppcee				
STREET ADDRESS OTY: ST: ZIP	SANIBEL FL			1.4 CITY-ST-ZIP					
TILE				2.1 TITLE				Change	Addition
NAME			2.2 NA	2.2 NAME					
STREET ADDRESS			2.3 STR	EET AD	DDRESS				
C11Y - S1 - 2IF			2. 4 CIT	Y-ST-	ZIP				
TITLE		DELETE	3.1 T(T)					☐ Change	Addition
NAME			3.2 NA						
STREET ADDRESS			3.3 STR						
CITY-SI-ZIP TITLE		DELETE	3.4. CIT 4.1 TITU		ZIP			Change	Addition
NAME			4. 2 NA					LLI VIVII go	
STREET ADDRESS			l l		DORESS				
CHY-ST-7P			4.4 CIT		i				
Tall#	.,	☐ DELETE	5 1 TITI					Change	Addition
NAME			5.2 NA	ME					
STREET ADORESS			5 3 STR	IEET AD	odress				
CITY-ST-ZIP			5 4 CIT	Y-ST-	ZIP				·····
TITLE		DELETE	6 1 TITI					☐ Change	Addition
NAME			6.2 NA						
STREET ADDRESS			6.3 STP	REET AD	ODRESS				

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 for on an attribute minimum with an address.