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 # **P94000005097 (8)**

1. Corporation Name

GRAY-BUR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
400 LAVILLA DRIVE MIAMI SPRINGS FL 33166	680 MILLER DRIVE 305-W MIAMI SPRINGS FL 33166 US

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report: 04/11/1995
4. FEI Number: 65-0472138 (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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 438 GRANADA	26 PO BOX 8033
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NORTH PORT FLA.	28 City & State: NORTH PORT FL
24 Zip: 34287 — 25 Country: USA	29 Zip: 34287 — 30 Country: USA

9. Name and Address of Current Registered Agent

DIEGELMAN, ESTHER
680 MILLER DR.
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 845 THE ESPLANADE
83 # 406
84 City: VENICE — FL — 85 Zip Code: 34285

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GRAY, BARRY G		1.2 NAME	
STREET ADDRESS	400 LAVILLA DR.		1.3 STREET ADDRESS	438 GRANADA
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CITY-ST-ZIP	NORTH PORT, FL. 34287
TITLE	DT	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	EYE, EDWIN N		2.2 NAME	
STREET ADDRESS	21169 EDGEWATER DRIVE		2.3 STREET ADDRESS	438 GRANADA
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	DP	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	DIEGELMAN, ESTHER		3.2 NAME	
STREET ADDRESS	680 MILLER DR.		3.3 STREET ADDRESS	845 THE ESPLANADE #406
CITY-ST-ZIP	MIAMI SPRINGS FL		3.4 CITY-ST-ZIP	VENICE, FL. 34285
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: _____ ESTHER DIEGELMAN — 3/18/96 — 941-488-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #