

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003347 (8)

1. Corporation Name
GRAY & GRAY INSURANCE INC.



Principal Place of Business

1304 MIRAMAR STREET, UNIT 105
CAPE CORAL FL 33904

Mailing Address

1304 MIRAMAR STREET, UNIT 105
CAPE CORAL FL 33904

3. Date Incorporated or Qualified
01/12/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

21 222 Cape Coral Pky. E.

Suite, Apt. #, etc.

22 103

City & State

23 CAPE CORAL, FL

Zip

24 33904

Country

25 USA

2a. Mailing Address

26 222 Cape Coral Pky. E.

Suite, Apt. #, etc.

27 103

City & State

28 CAPE CORAL, FL

Zip

29 33904

Country

30 USA

4. FEI Number

65-0543488

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAY, HAROLD C
1304 MIRAMAR STREET, UNIT 105
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

GRAY, HAROLD C.

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

222 Cape Coral Pky. E. #103

83

84 City

CAPE CORAL

FL

85 Zip Code

33904

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 *Sept. 1996 Harold C. Gray Sec/Treas.*

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

(NOTE: Registered Agent signature required when reinstating.)

04-28-96

DATE

12. OFFICERS AND DIRECTORS

TITLE

PVD

NAME

GRAY, PAMALA S

STREET ADDRESS

1304 MIRAMAR STREET, UNIT 105

CITY - ST - ZIP

CAPE CORAL FL 33904

TITLE

STD

NAME

GRAY, HAOLD C

STREET ADDRESS

1304 MIRAMAR STREET, UNIT 105

CITY - ST - ZIP

CAPE CORAL FL 33904

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

222 Cape Coral Pky. E. #103

CAPE CORAL, FL 33904

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

222 Cape Coral Pky. E. #103

CAPE CORAL, FL 33904

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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)(k), 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: *Sept. 1996 Harold C. Gray Sec/Treas.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-96

DATE

941-542-0735

DAYTIME PHONE #

CR2E034 (12/95)