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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000036989 (8)

GRAY'S AUTO SALES, INC.

Principal Place of Business	Mailing Address		DO NOT WRITE IN THIS SPACE			
79 BEAL PKWY. N.E. FT. WALTON BEACH FL 32548	79 Beal Pkwy, N.E. Ft. Walton Beach Fi	32548				
			 Date Incorporated or Qualified 05/04/1995 			
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-3318397	F		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5		
Z _{ID} Country	Žip	Country	This corporation ower or has paid the cur	rion! vo		

FILED Apr 22 1998 8:00am Secretary of State



Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be Added to Fees

^{* '}}		-	├ŋ			B. This corporation o	•		
24	25	[29]	[30]			Personal Property			No No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
	AY, DALLAS			81	Name				
204 PATRICK DR. FT. WALTON BEACH FL 32548				82	Street Address (P.O. Box Number is Not Acceptable)				
rı.	WALTON BEACH FL 32346		}	83					
				00					
				B4	City			85 Zip	Code
office or re	o the provisions of Sections 607 050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such chair	nge was authorized	yd b	the corporati	oration submits this state ion's board of directors. I	ment for the purpos hereby accept the a	e of changing appointment as	its registered s registered
SIGNATURE.			- · ·					 -	
	Signature, typed or printed name of registered age			1 Ager	nt signature requir	ed when reinstating)	DAT		
12.	OFFICERS AN		ELETE 15 TO			ADDITIONS/CHANG	SES TO OFFICERS A	Change	HS IN 12
TITLE	GRAY, DALLAS	_ u						LJ Change	L AUGIIION
NAME	798 BOULEVARD OF CHAMP	IONE	1 2 NA		1				İ
STREET ADDRESS		IUNS	1.3 ST	AF£T/	ADDRESS				}
CITY - ST - ZIP	SHALIMAR FL 32579		1.4 CO		I - ZIP				
TITLE		∪ 0	ELETE 2.1 TH	LE				Change	Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 \$1	REET /	ADORESS				
CATA-21-29			2. 4 CI	ITY - S	T-ZIP				
JILTE			EtFTE 3.1 TII	LE				Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 \$1	REET A	ADDRESS				j
CITY - S1 - ZIP			3.4. CI	IY-S	[- 2)P				
TITLE		(L)	ELETE 4.1 TH	LE				Change	Addition
NAME			4. 2 N/	AME					
STREET ADDRESS			4.3 \$T	REET /	ADDRESS				
CITY-ST-ZIP			4 4 CI	IY-ST	r- ZIP				
TITLE			ELETE 51 TIX	l E				☐ Change	Addition
NAME			52 NA	ME	l				ļ
STREET ADDRESS			5 3 ST	AEET /	ADDRESS				į
CITY-ST-ZIP			5 4 01	[Y-S]	- ZIP				Ī
TITLE			ELFTE 61 TH	LĒ				Change	Addition
NAME			6.2 NA	MÉ					
STREET ADDRESS			6.3 \$1	REE 1 A	ADDRESS				
CITY-ST-ZIP			6.4 CIT		4				
14. Thereby 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 annual report or supplemental annual report is true an 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 coveriever or trustee empowed 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.									