

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90096 016 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000013067

1. Corporation Name

GRAY SHURLING CORPORATION

Principal Place of Business

**2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713**

Mailing Address

**2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1998

4. FEI Number

59-3492852

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

**HINES, J. BRADFORD
9800 FOURTH ST. NORTH
STE. 403
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name
Clark H. Scherer, III

82 Street Address (P.O. Box Number is Not Acceptable)
2152 14th Circle North

83

84 City
St. Petersburg

FL

85 Zip Code
33713

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SCHERER, CLARK H III**
STREET ADDRESS **2152 14TH CIRCLE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **D** ☐ DELETE
NAME **SERTICH, LARRY**
STREET ADDRESS **2854 JOHNSON FERRY ROAD, STE. 150**
CITY-ST-ZIP **MARIETTA GA 30062**

TITLE **D** ☐ DELETE
NAME **TUCKER AGUIRRE, FRED C**
STREET ADDRESS **2854 JOHNSON FERRY ROAD, STE. 150**
CITY-ST-ZIP **MARIETTA GA 30062**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **131 Roswell Street, Suite B-1**
2.4 CITY-ST-ZIP **Alpharetta, GA 30004**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **131 Roswell Street, Suite B-1**
3.4 CITY-ST-ZIP **Alpharetta, GA 30004**

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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-99

8133218M

CR2E034 (11/98)