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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000050186 (3)**

1. Corporation Name
G. FAMILY CORPORATION

Principal Place of Business	Mailing Address
907 W. MILLER BLVD. FRUITLAND PARK FL 34731	907 W. MILLER BLVD. FRUITLAND PARK FL 34731

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1994
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3256000	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 34731-5274 / 25 USA	Zip / County 29 34731-5274 / 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name: William R. Gamble 82 Street Address (P.O. Box Number is Not Acceptable): 907 West Miller Street 83: 84 City: Fruitland Park FL 85 Zip Code: 34731-5274

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: William R. Gamble William R. Gamble 4/25/95
(Signature, typed or printed name of registered agent and the # applicable) (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/S/T	☑ Change ☐ Addition
NAME	GAMBLE, WILLIAM R	12 NAME		
STREET ADDRESS	907 W. MILLER BLVD.	13 STREET ADDRESS		
CITY ST ZIP	FRUITLAND PARK FL 34731	14 CITY ST ZIP		
TITLE		21 TITLE	EVP	☐ Change ☑ Addition
NAME		22 NAME	Linda K. Gamble	
STREET ADDRESS		23 STREET ADDRESS	907 West Miller Blvd	
CITY ST ZIP		24 CITY ST ZIP	Fruitland Park, FL. 34731-5274	
TITLE		31 TITLE	V.P.	☐ Change ☑ Addition
NAME		32 NAME	Brian M. Gamble	
STREET ADDRESS		33 STREET ADDRESS	837 Berryhill Circle	
CITY ST ZIP		34 CITY ST ZIP	Fruitland Park, FL. 34731	
TITLE		41 TITLE	V.P. + Assistant Secretary	☐ Change ☑ Addition
NAME		42 NAME	GAMBLE, TRACI M.	
STREET ADDRESS		43 STREET ADDRESS	837 Berryhill Circle	
CITY ST ZIP		44 CITY ST ZIP	Fruitland Park, FL. 34731	
TITLE		51 TITLE	V.P.	☐ Change ☑ Addition
NAME		52 NAME	GAMBLE, Brent K.	
STREET ADDRESS		53 STREET ADDRESS	907 West Miller Blvd.	
CITY ST ZIP		54 CITY ST ZIP	Fruitland Park, FL. 34731-5274	
TITLE		61 TITLE	$7511	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: William R. Gamble 4/25/95 904-728-4845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0376313 CP