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 # **P94000050186 (3)**

1. Corporation Name

G. FAMILY CORPORATION

Principal Place of Business	Mailing Address
907 W. MILLER BLVD. FRUITLAND PARK FL 34731-5274	907 W. MILLER BLVD. FRUITLAND PARK FL 34731-5274

3. Date Incorporated or Qualified: **07/07/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3256000** ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 775
Suite, Apt. #, etc.
27
City & State
28 Fruitland Park, FL.
Zip 29 34731-0775 Country 30 USA

9. Name and Address of Current Registered Agent

GAMBLE, WILLIAM R
907 WEST MILLER STREET
FRUITLAND PARK FL 34731-5274

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST GAMBLE, WILLIAM R 907 W. MILLER BLVD. FRUITLAND PARK FL 34731	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP GAMBLE, LINDA K 907 WEST MILLER BLVD FRUITLAND PARK FL 34731	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GAMBLE, BRIAN M 837 BERRYHILL CIRCLE FRUITLAND PARK FL 34731	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS GAMBLE, TRACI M 837 BERRYHILL CIRCLE FRUITLAND PARK FL 34731	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GAMBLE, BRENT K 907 WEST MILLER BLVD FRUITLAND PARK FL 34731	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/S	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V/T Adam H. Gamble 30930 Sealine Drive Leesburg, FL. 34748	☒ Change ☒ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VAS Nicole A. Gamble 30930 Sealine Drive Leesburg, FL. 34748	☒ Change ☒ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I 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 added, attachment with an address.

SIGNATURE: Wm R Gamble Wm R. Gamble, Pres. 4/15/96 352-728-4845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (DAYTIME TELEPHONE NUMBER)

CR2E034 (12/95)