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AND
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95 MAY -1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F36761** (7)

1. Corporation Name
WILLIAM R. GAMBLE III, INC.

Principal Place of Business Mailing Address
907 WEST MILLER STREET **907 WEST MILLER STREET**
FRUITLAND PARK FL 34731-2274 5274 **FRUITLAND PARK FL 34731-2274 5274**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/01/1981** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2095325** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees

6. This corporation has liability for intangible tax under § 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 **34731-5274** 25 **USA** 29 **34731-5274** 30 **USA**

9. Name and Address of Current Registered Agent
GAMBLE, WILLIAM R., III
907 WEST MILLER STREET
FRUITLAND PARK FL 34731-2274 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 **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 _____ DATE _____
Signature listed in printed name of registered agent and the applicable NOTE: Registered Agent Signature required when existing.

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GAMBLE, WILLIAM R., III
STREET ADDRESS	907 W. MILLER STREET
CITY, ST, ZIP	FRUITLAND PARK FL
TITLE	EVP
NAME	GAMBLE, LINDA K.
STREET ADDRESS	907 W. MILLER STREET
CITY, ST, ZIP	FRUITLAND PARK FL
TITLE	VP
NAME	GAMBLE, BRIAN M
STREET ADDRESS	837 BERRYBILL CIRCLE
CITY, ST, ZIP	FRUITLAND PARK FL
TITLE	VP
NAME	GAMBLE, TRACI M
STREET ADDRESS	837 BERRYHILL CIRCLE
CITY, ST, ZIP	FRUITLAND PARK FL
TITLE	VP
NAME	GAMBLE, NICOLE A
STREET ADDRESS	907 W MILLER ST
CITY, ST, ZIP	FRUITLAND PARK FL
TITLE	VP
NAME	GAMBLE, BRENT K
STREET ADDRESS	907 W MILLER ST
CITY, ST, ZIP	FRUITLAND PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	700001476497
2.4 CITY, ST, ZIP	-05/04/95--01132--003
	****400.00 ****200.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	Assistant Secretary +V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	DELETE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: *William R. Gamble* **William R Gamble** **4/25/95** **904-778-4845**
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Item 1)