

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F36761** (7)

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



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

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** County: **30** **LAKE**

3. Date Incorporated or Qualified: **06/01/1981** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2095325** 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

9. Name and Address of Current Registered Agent  
**GAMBLE, WILLIAM R., III  
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 Numbers 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST GAMBLE, WILLIAM R., III 907 W. MILLER STREET FRUITLAND PARK FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, WILLIAM R., III	2. NAME	
STREET ADDRESS	907 W. MILLER STREET	3. STREET ADDRESS	
CITY-STATE-ZIP	FRUITLAND PARK FL	14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	EVP GAMBLE, LINDA K. 907 W. MILLER STREET FRUITLAND PARK FL	2.1. TITLE	
NAME	GAMBLE, LINDA K.	2.2. NAME	
STREET ADDRESS	907 W. MILLER STREET	2.3. STREET ADDRESS	
CITY-STATE-ZIP	FRUITLAND PARK FL	2.4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP GAMBLE, BRIAN M. 837 BERRYHILL CIRCLE FRUITLAND PARK FL	3.1. TITLE	
NAME	GAMBLE, BRIAN M.	3.2. NAME	
STREET ADDRESS	837 BERRYHILL CIRCLE	3.3. STREET ADDRESS	
CITY-STATE-ZIP	FRUITLAND PARK FL	3.4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ASVP GAMBLE, TRACI M. 837 BERRYHILL CIRCLE FRUITLAND PARK FL	4.1. TITLE	
NAME	GAMBLE, TRACI M.	4.2. NAME	
STREET ADDRESS	837 BERRYHILL CIRCLE	4.3. STREET ADDRESS	
CITY-STATE-ZIP	FRUITLAND PARK FL	4.4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP GAMBLE, BRENT K. 907 W MILLER ST FRUITLAND PARK FL	5.1. TITLE	
NAME	GAMBLE, BRENT K.	5.2. NAME	
STREET ADDRESS	907 W MILLER ST	5.3. STREET ADDRESS	
CITY-STATE-ZIP	FRUITLAND PARK FL	5.4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1. TITLE	
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY-STATE-ZIP		6.4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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(5)(k), Florida Statutes. I further certify 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 in an attachment with an address.

SIGNATURE: Wm R. Gamble **Wm R. Gamble, Pres. 4/22/96** 352-728-4845  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)