

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

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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  
**907 WEST MILLER STREET  
 FRUITLAND PARK FL 34731-5274**

Mailing Address  
**P.O. BOX 775  
 FRUITLAND PARK FL 34731-0775  
 US**

3. Date Incorporated or Qualified **06/01/1981** 3a. Date of Last Report **05/01/1996**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 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: *William R. Gamble III* (NOTE: Registered Agent signature required when reinstating) DATE: *N/A*

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>GAMBLE, WILLIAM R., III</b>	
STREET ADDRESS	<b>907 W. MILLER STREET</b>	
CITY - ST - ZIP	<b>FRUITLAND PARK FL</b>	
TITLE	<b>EVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GAMBLE, LINDA K.</b>	
STREET ADDRESS	<b>907 W. MILLER STREET</b>	
CITY - ST - ZIP	<b>FRUITLAND PARK FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>GAMBLE, BRIAN M</b>	
STREET ADDRESS	<b>837 BERRYBILL CIRCLE</b>	
CITY - ST - ZIP	<b>FRUITLAND PARK FL</b>	
TITLE	<b>ASVP</b>	<input type="checkbox"/> DELETE
NAME	<b>GAMBLE, TRACI M</b>	
STREET ADDRESS	<b>837 BERRYHILL CIRCLE</b>	
CITY - ST - ZIP	<b>FRUITLAND PARK FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>GAMBLE, BRENT K</b>	
STREET ADDRESS	<b>907 W MILLER ST</b>	
CITY - ST - ZIP	<b>FRUITLAND PARK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input 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 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: *W.R. Gamble III, Pres.* DATE: *4/21/97* DAYTIME PHONE #: *352-787-5345*

CR2E034 (9/96)