

4-30-98 B 6017 C

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

FILED
Apr 30 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F36761 (7)

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

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| 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 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|-----------------------|-----------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/01/1981 | |
| 21 Suite, Apt. #, etc | 22 City & State | 26 Suite, Apt. #, etc | 27 City & State | 4. FEI Number 59-2095325 | Applied For <input type="checkbox"/> Not Applicable |
| 23 Zip | 25 Country | 29 Zip | 30 Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| GAMBLE, WILLIAM R., III 907 WEST MILLER STREET FRUITLAND PARK FL 34731-5274 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | 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 | |
| Signature, typed or printed name of registered agent and title if applicable | | | | (NOTE: Registered Agent signature required when reinstating) | |

| 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 | 1.1 TITLE | EVP + CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAMBLE, BRIAN M 837 BERRYHILL CIRCLE FRUITLAND PARK FL | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VP GAMBLE, TRACI M 837 BERRYHILL CIRCLE FRUITLAND PARK FL | 2.1 TITLE | PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | VP <input checked="" type="checkbox"/> DELETE GAMBLE, BRENT K 907 W MILLER ST FRUITLAND PARK FL | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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: *William R. Gamble, III*, William R. Gamble + Chief Executive Vice President, 4/30/98 352-789-5365

CR2E034 (10/97)