

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90112 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F36761

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 307 North Villa Ave	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Fruitland Park, FL	27 City & State 28
24 Zip 34731 25 Country USA	29 Zip 30 Country

3. Date Incorporated or Qualified 06/01/1981	
4. FEI Number 59-2095325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 _____
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	EVPC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAMBLE, WILLIAM R., III	1.2 NAME	
STREET ADDRESS	907 W. MILLER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL	1.4 CITY-ST-ZIP	34731
TITLE	PST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAMBLE, BRIAN M	2.2 NAME	
STREET ADDRESS	837 BERRYBILL CIRCLE	2.3 STREET ADDRESS	837 BERRYHILL CIRCLE
CITY-ST-ZIP	FRUITLAND PARK FL	2.4 CITY-ST-ZIP	34731
TITLE	ASVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAMBLE, TRACI M	3.2 NAME	
STREET ADDRESS	837 BERRYHILL CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL	3.4 CITY-ST-ZIP	34731
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, with all other like empowered.

SIGNATURE: Wm R Gamble, Wm R Gamble Date: 4/27/99 Daytime Phone #: 352-789-5365

CR2E034 (1/1/98)