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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F96000002358 (7)

**GAMBLE DEVELOPMENT COMPANY** 

Principal Place of Business Mailing Address  701 MCCULLOUGH DR CHARLOTTE NC 28262 CHARLOTTE NC 28262-3318								<u> </u>		Date Incorporated or Qualified		ate of Last	
L										05/10/1996	<u> </u>		
_	Principal Pl	lace of Busir	noss	- ê	2a. Mailing Address					4. FEt Number		/_	Applied For
21	Suite Ant # ete			26						41-0949764			Not Applicable
22	Suite, Apt. #, etc.			27						5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	City & State			L,	City & State					6. Election Campaign Financing		\$5.0	O May Be
23				28						Trust Fund Contribution		Adde	d to Fees
24	Zip Country 25			29	, 28232 <sub>30</sub> U			JSA  8. This corporation has liability Florida Statutes			for intangible tax under s. 199.032,  Xyes No		
$\Box$		9. Name and Address of Current			slered Agent		81			10. Name and Address of New R	egistered .	Agent	
	THE PRENTICE-HALL CORPORATION STOTEM, INC.								)				
1201 HAYS STREET							82	Street	t Address (P.O. Box Number is Not Acceptable)				
		ITE 105						<b> </b>					
TALLAHASSEE FL 32301													
							84	City				85 Zir	o Code
										ration submits this statement for the	FL		
	office or r agent. I a GNATURE	egistered ag m familiar wi	ent, or both, in the State of th, and accept the obligation	of Flor tions o	ida. Such change wa of, Section 607.0505,	is authoriz Florida Si	red by atutes	y the cor s.	rporatio 	n's board of directors. I hereby accommon terms of the second of the sec	ont the app	ointment a	is registered
12	12. OFFICERS AND I				DIRECTORS 13				ADDITIONS/CHANGES TO OFFICERS AND DIREC			DIRECTO	RS IN 12
TIT	TITLE D'				☐ DELETE 1			1.1 DILE				Change	Addition
			J MICHAEL		1		1.2 NAME		1				
ST	REET ADORESS		Cullough Dr			1.3	STREET	ADDRESS					
CIT	TY-ST-ZIP	CHARL	OTTE NC 28262			1.4	CITY-S	I - Zil <sup>o</sup>					
TIT	'LE	D			DELETE	2.1	TITLE					Change	Addition
NA	ME		H, THOMAS E			2.2	NAME						
STI	REET ADDRESS		CULLOUGH DR			2.3	STREET	ADDRESS					
CIT	IY-ST-ZIP		OTTE NC 28262			2.	CITY-	ST-ZIP					
TIT	LE	₩,		DELETE		3 1	3 1 1171.6		S/	AVP		Change Change	Addition
NA	ME		I, JOHN B IV			3.2	NAME		1				
ST	reet address		CULLOUGH DR			3 3	STREFT	ADDRESS					
CIT	TY-ST-ZIP	CHARL	OTTE NC 28262			3.4	CITY-	ST-ZIP				·	
TIT	LE	· ·		4.1	TITLE		AS			☐ Change	Addition		
NA	IME	gask,	SHEILA			4.	NAME			hn A. Brigman			
STREET ADDRESS		701 MCCULLOUGH DR					\$TREET	ADDRESS	70				
City-St-ZiP		CHARLOTTE NC 28262				4.4	CDY-S	61-2IF	վ Ch	ariotte, NC 28262			·
TITLE		8			☐ DELETE	DELETE 5.111			AS			<b>X</b> Change	Addition
NA	ME		EUGENE A			5.2	NAME						
STI	reet address		CULLOUGH DR			5.3	STREET	ADDRESS					
CH	Y-ST-ZIP	<u>CHAR</u> LI	OTTE NC 28262			5.4	CHTY-S	ST-ZIP		<u> </u>			
TIT	ιŧ	8			DELETE	6.1	TITLE		AT			Change	Addition
NA	ME	JOHNS	on. Robert L Jr			6.2	NAME		1				

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.

6.3 STREET ADDRESS

701 MCCULLOUGH DR

STREET ADDRESS

CITY-ST-ZIP

John A. Brigman

**FILED** 

May 14 1997 8:00am

Secretary of State

/204)548-2387