FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # K88492 (9)

1. Corporation Name
GAMBLE CREEK GROWERS, INC.

Principal Place of Business
4250 GAMBLE CREEK RD.
PARRISH FL 34219

Mailing Address
4250 GAMBLE CREEK RD.
PARRISH FL 34219

3. Date Incorporated or Qualified: 05/16/1989
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0124339 ☐ 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

GREBE, RHODA B.
4250 GAMBLE CREEK RD.
PARRISH FL 34219

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GREBE, ROBERT A.	
STREET ADDRESS	4250 GAMBLE CREEK RD.	
CITY-ST-ZIP	PARRISH FL	
TITLE	VPD	☐ DELETE
NAME	GREBE, THOMAS E.	
STREET ADDRESS	3939 GAMBLE CREEK RD.	
CITY-ST-ZIP	PARRISH FL	
TITLE	VPD	☒ DELETE
NAME	GREBE, JEANINE	
STREET ADDRESS	3939 GAMBLE CREEK RD.	
CITY-ST-ZIP	PARRISH FL	
TITLE	VPD	☐ DELETE
NAME	KEENE, GENE	
STREET ADDRESS	4249 GAMBLE CREEK RD.	
CITY-ST-ZIP	PARRISH FL	
TITLE	VPD	☐ DELETE
NAME	GREBE, JOAN W.	
STREET ADDRESS	4249 GAMBLE CREEK RD.	
CITY-ST-ZIP	PARRISH FL	
TITLE	SD	☐ DELETE
NAME	GREBE, RHODA B.	
STREET ADDRESS	4250 GAMBLE CREEK RD.	
CITY-ST-ZIP	PARRISH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AT	☐ Change ☒ Addition
1.2 NAME	ROBERT C BLYTHE	
1.3 STREET ADDRESS	200 1st ST. SE # 1313	
1.4 CITY-ST-ZIP	CEDAR RAPIDS IA 52401	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96 Date

941-776-2791 Daytime Phone #

CR2E034 (12/95)