

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

FILED

May 09 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 # 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 34219-8271

3. Date Incorporated or Qualified
05/16/1989

3a. Date of Last Report
05/01/1996

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

29

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

10. Name and Address of New Registered Agent

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

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

Rhoda B. Grebe
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GREBE, ROBERT A.
STREET ADDRESS 4250 GAMBLE CREEK RD.
CITY-ST-ZIP PARRISH FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VPD
NAME GREBE, THOMAS E.
STREET ADDRESS 3939 GAMBLE CREEK RD.
CITY-ST-ZIP PARRISH FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE AT
NAME BLYRNE, ROBERT C
STREET ADDRESS 200 1ST ST SE #1313
CITY-ST-ZIP CEDAR RAPIDS IA

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE VPD
NAME KEENE, GENE
STREET ADDRESS 4249 GAMBLE CREEK RD.
CITY-ST-ZIP PARRISH FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE VPD
NAME GREBE, JOAN W.
STREET ADDRESS 4249 GAMBLE CREEK RD.
CITY-ST-ZIP PARRISH FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE SD
NAME GREBE, RHODA B.
STREET ADDRESS 4250 GAMBLE CREEK RD.
CITY-ST-ZIP PARRISH FL

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

Rhoda B. Grebe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-97

CR2E034 (9/96)