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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90112 018 ***150.00

DOCUMENT # K88492

1. Corporation Name

GAMBLE CREEK GROWERS, INC.

26 65-0124339 No.	op ied For ot Applicable Ac ditional equired
PARRISH FL 34219 PARRISH FL 34219 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/16/1989 2. Principal Place of Business 2. Addition and Address 2. Suite, Apr. #, etc. 2. Suite, Apr. #, etc. 2. Suite, Apr. #, etc. 2. City & State 2. Country 2. Zip 2. Country 3. This corporation owes the current year I stangible 2. Person al Property Tax. 3. Date Incorporated or Qualified 05/16/1989 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Fee Ri 6. Election Campaign Financing 7. Trust F and Contribution 7. Added 7. Zip 7. Country 8. This corporation owes the current year I stangible 7. Person al Property Tax. 7. Yes 9. Name and Address of Current 81 Name 6REBE, RHODA B. 4250 GAMBLE CREEK RD.	Ac ditional equired May Be to Fees
2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Aprt. #, etc. 2. Suite, Aprt. #, etc. 3. Suite, Aprt. #, etc. 4. FEI Number 65-0124339 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7 Fee Ri 7 Trust F and Contribution 7 Added 7 Added 7 Trust F and Contribution 7 Added 7 Added 7 Added 7 Added 7 Added 7 Added 8 This corporation owes the current year Intangible 8 Person al Property Tax. 9 Name and Address of Current Registered Agent 8 Name 8 Street Address (P.O. Box Number is Not Acceptable)	Ac ditional equired May Be to Fees
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Solute, Apt. #, etc. 28 Country Zip Country Solute, Apt. #, etc. City & State Solute, Apt. #, etc. City & State Country Solute, Apt. #, etc. Solute of Status Desired Solution Campaign Financing Fee River Added Trust F and Contribution Added Added Trust F and Contribution The application of the part of th	Ac ditional equired May Be to Fees
Suite, Apt. #, etc. Suite, Apt. #, etc.	Ac ditional equired May Be to Fees
Solution Certificate of Status Desired Fee Run	May Be to Fees
City & State Trust F and Contribution Added Added Zip Country 8. This corporation owes the current year Intangible Person al Property Tax. Yes 9. Name and Address of Current Registered Agent City & State Trust F and Contribution Added Added Added Person al Property Tax. Person Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	May Be to Fees
28 Trust F and Contribution Added Zip Country Zip Country 8. This corporation owes the current year Intangible Person at Property Tax. Yes 9. Name and Address of Current Registered Agent 6REBE, RHODA B. 4250 GAMBLE CREEK RD. 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	to Fees
9. Name and Address of Current Registered Agent GREBE, RHODA B. 4250 GAMBLE CREEK RD. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	MNO
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREBE, RHODA B. 4250 GAMBLE CREEK RD. 82 Street Address (P.O. Box Number is Not Acceptable)	ENNO ENNO
GREBE, RHODA B. 4250 GAMBLE CREEK RD. 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	
GREBE, RHODA B. 4250 GAMBLE CREEK RD. 82 Street Address (P.O. Box Number is Not Acceptable)	
4250 GAMBLE CREEK RD. Street Address (P.O. Box Number is Not Acceptable)	
84 City F 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State or Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	nigistered gistered
SIGNATURE Standard or posted on the disconstant and the if protecting (NOT) Registered Agent signature required when reinstaling) DATE	
Signature, typed or printed nai re of registered agent and title if applicable. (NOTI : Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTOR)FS IN 12
TITLE PD DELETE 1.1 TITLE Change	Addition
NAME GREBE, ROBERT A. 1.2 NAME	
STREET ADDRESS 4250 GAMBLE CREEK RD. 1.3 STREET ADDRESS	
CITY-ST-ZIP PARRISH FL 1.4 CITY-ST-ZIP	
TITLE VPD DELETE 2.1 TITLE Change	Addition
NAME GREBE, THOMAS E. 22 NAME	
STREET ADDRE :S 3939 GAMBLE CREEK RD. 23 STREET ADDRESS	
CITY-ST-ZIP PARRISH FL 2.4 CITY-ST-ZIP	
TITLE AT DELETE 3.1 TITLE Change	Addition
NAME BLYTHE, ROBERT C. 32 NAME	
STREET ADDRE IS 200 1ST ST SE #1313 3.3 STREET ADDRESS	
CITY-ST-ZIP CEDAR RAPIDS IA 34.CITY-ST-ZIP	Addition
10	Addition
NAME KEENE, GENE 4.2 NAME	
STREET ADDRE IS 4249 GAMBLE CREEK RD. 4.3 STREET ADDRESS	
CITY-ST-ZIP PARRISH FL 44 CITY-ST-ZIP TITE VPD □ DELETE 5.1 TITLE ☑ Change	Addition
STATE TOAN W	
PARAMETER CHEST III.	
TITLE SD DELETE 6.1 TITLE CAPACITY	Addition
NAME GREBE, RHODA B.	
STREET ADDRESS 4250 GAMBLE CREEK RD. 63 STREET ADDRESS	

14. Thereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PARRISH FL

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)