

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Northum
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED**

95 APR -7 AM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **L31147** (6)

1. Corporation Name

AGAMBLE, INC.

Principal Place of Business

**11020 N. DALE MABRY HWY.
SUITE 601
TAMPA FL 33618**

Mailing Address

**11020 N. DALE MABRY HWY.
SUITE 601
TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1989

3a. Date of Last Report

03/11/1994

4. FEI Number

59-2979384

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**EISMAN, GERALD B.
11020 N. DALE MABRY HWY.
SUITE 601
TAMPA FL 33618**

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D**EISMAN, GERALD B.
11020 N. DALE MABRY HWY.
TAMPA FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D**ANZALONE, LAWRENCE
11020 N. DALE MABRY HWY.
TAMPA FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change☐ Addition

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 140.07(4)(b), 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 liquidator empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: **LAWRENCE ANZALONE, DIRECTOR**

Signature and typed or printed name of signing officer or director

813-264-1500

Date

4/3/95