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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra E. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000004907 (6)

A.B. GAMBER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

8423 BEACHBERRY PLACE

8423 BEACHBERRY PLACE

FILED Jun 03 1998 8:00am Secretary of State



PINELLAS PARK FL 33782 PINELLAS PARK FL 33782 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/16/1997 cipal Place of Business 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent ALLAN, LINDA R Name 6675 13 AVENUE N. Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 2-C ST. PETERSBURG FL 33710 83 84 City 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. Lam family, with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 1010 **GAMBER, ALICE B** NAME 1.2 NAME 423 BEACHBERRY PLACE STREET ADDRESS 13 STREET ADDRESS PINELLAS PARK FL 33782 CITY-ST-ZIP 14 CITY-ST-7IP DELETE Change Addition TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 THILE NAME 3.2 NAME **STREET ADDRESS** 3.3 STREET ADDRESS 3.4 CITY - \$1 - ZIP CITY - ST - ZIP TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-7IP DELETE Addition TITLE 61 TITLE Change 900002526119 NAME 62 NAME -05/15/98--01108--004 STREET ADDRESS 63 STREET ADDRESS ***300.00 CITY-ST-ZiP 6.4 CITY - ST - ZIP

14. I 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.