


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

FILED

Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V11835 (8) 1. Corporation Name GAMBLE CORPORATION					
Principal Place of Business 2730 CENTRAL AVENUE ST. PETERSBURG FL 33712			Mailing Address 2730 CENTRAL AVENUE ST. PETERSBURG FL 33712		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/05/1992 4. FEI Number 59-3106197 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Name and Address of Current Registered Agent KNAUST WARREN J 2730 CENTRAL AVE ST. PETERSBURG FL 33712				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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAMBLE, RICHARD J. III		1.2 NAME		
STREET ADDRESS	1102 STATE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL		1.4 CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAMBLE, NANCY		2.2 NAME		
STREET ADDRESS	814 BUENA VISTA AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		2.4 CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE	Director, Secy./Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAMBLE, JACQUELINE		3.2 NAME	GAMBLE, JACQUELINE	
STREET ADDRESS	8041 QUINN CT		3.3 STREET ADDRESS	c/o 1102 State Avenue	
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP	Holly Hill, FL	
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR/PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAMBLE, RICHARD J. J		4.2 NAME		
STREET ADDRESS	8041 QUINN CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
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.

SIGNATURE: Jacqueline R. Gamble JACQUELINE R. GAMBLE 3/30/98

CR2E034 (10/97)