FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:24

DOCUMENT # V41804 (8)

1. Corporation Name
GAMBLE - WEBB ASSOCIATES, INC.

Principal Place of Business	Mailing Address
P. O. BOX 15021 SARASOTA FL 34277 US	P. O. BOX 15021 SARASOTA FL 34277 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3149385	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

GAMBLE, ROBERT L.
~~675 AVENIDA DE MAYO~~
~~SARASOTA FL 34242~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 5230 Bluff of Ibiza Dr. Unit 201

83

84 City: Longboat Key FL 85 Zip Code: 34228

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	11 TITLE	DST ☐ Change ☐ Addition
NAME	GAMBLE, ROBERT L.	12 NAME	ROBERT L. GAMBLE
STREET ADDRESS	~~6767 SAN CASA DR., LOT 47~~	13 STREET ADDRESS	~~P.O. BOX 15021~~
CITY-ST-ZIP	~~ENGLEWOOD FL~~	14 CITY-ST-ZIP	SARASOTA, FL. 34277
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	GAMBLE, SHIRLEY K.	22 NAME	
STREET ADDRESS	P. O. BOX 15021 N/A	23 STREET ADDRESS	NA
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	WEBB, NINA	32 NAME	
STREET ADDRESS	P. O. BOX 15021	33 STREET ADDRESS	NA
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GAMBLE-WEBB, DEBRA	42 NAME	
STREET ADDRESS	P. O. BOX 15021	43 STREET ADDRESS	NA
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GAMBLE, DOROTHY G.	52 NAME	
STREET ADDRESS	P. O. BOX 15021	53 STREET ADDRESS	NA
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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: Robert L. Gamble ROBERT L. GAMBLE - ~~PRES~~ ST 5-1-95 813 383-6389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0455941 FP