

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

**06/08/1992**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3149385**

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

City & State

27

City & State

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

24

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAMBLE, ROBERT L.  
5230 GULF OF MELICO DRIVE UNIT 301  
LONGBOAT KEY FL 34228**

*Longboat*

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 if not applicable:

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	<b>DST</b>			
	<b>GAMBLE, ROBERT L.</b>			
	<b>POST OFFICE BOX 15021</b>			
	<b>SARASOTA FL</b>			
TITLE	<b>DP</b>			<input type="checkbox"/> DELETE
NAME	<b>GAMBLE, SHIRLEY K.</b>			
STREET ADDRESS	<b>P. O. BOX 15021 N/A</b>			
CITY - ST - ZIP	<b>SARASOTA FL</b>			
TITLE	<b>DV</b>			<input type="checkbox"/> DELETE
NAME	<b>WEBB, NINA</b>			
STREET ADDRESS	<b>P. O. BOX 15021</b>			
CITY - ST - ZIP	<b>SARASOTA FL</b>			
TITLE	<b>D</b>			<input type="checkbox"/> DELETE
NAME	<b>GAMBLE-WEBB, DEBRA</b>			
STREET ADDRESS	<b>P. O. BOX 15021</b>			
CITY - ST - ZIP	<b>SARASOTA FL</b>			
TITLE	<b>D</b>			<input type="checkbox"/> DELETE
NAME	<b>GAMBLE, DOROTHY G.</b>			
STREET ADDRESS	<b>P. O. BOX 15021</b>			
CITY - ST - ZIP	<b>SARASOTA FL</b>			
TITLE				<input type="checkbox"/> DELETE
NAME				
STREET ADDRESS				
CITY - ST - ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 119.07(3)(k), 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: *Shirley K. Gambell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-14-96* *941-383-6387*  
Date Daytime Phone #

CR2E034 (12/95)