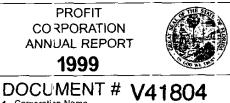
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

GAMBLE - WEBB ASSOCIATES, INC.

1. Corporation Name



FLORIDA DEPAF:TMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90080 040 \*\*\*150.00



Principal Place of Business Mailing Address						( 100%) Bligit 0%82 Hådt lätti datit atat åtat; atati atati atati atati atati
P. O. BOX 15021 P. O. BOX 15021						
SARASOTA FL 34277 SARASOTA I						DO NOT WRITE IN THIS SPACE
US						DO NOT WRITE IN THIS SPACE  3. Date In corporated or Qualifed
						06/08/1992
Principal Place of Business     2a. Mailing Address						4. FEI Number Applied For
21	_	26				59-3149385 Not Applicable
Suite, Apt. 1	≠, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip			Zip Country			8. This corporation owes the current year intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
				81	Name	
GAMBLE, ROBERT L. 943 CONTENTO STREET				82	Street Addre	ress (P.O. Box Number is Not Acceptable)
SARASOTA FL 34242				83		
				_		85   Zip Code
				84	City	FL
11. Pursuant to the provisions of Scctions 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 approintment 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: Register				Agent	signature required	ad when reinstating) DATE
12.	·- <u> </u>	I) DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition
TITLE	DST	☐ DELETE	1.1 777		ĺ	Situate Production
NAME	GAMBLE, ROBERT L.					
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	SARASOTA FL	Delete		ry-ST-	ZIP	☐ Change ☐ Addition
TITLE	DP	☐ DELETE	2,1 TIT			
NAME	GAMBLE, SHIRLEY K.		2.2 NA			
STREET ADDRESS	P.O. BOX 15021 N/A	•			ADDRESS	
CITY-ST-ZIP				TY-ST	ZIP	☐ Change ☐ Addition
TITLE	DV	☐ DELETE	3 1 TI		ļ	
NAME	WEBB, NINA		3.2 NA			
STREET ADDR :SS	P.O. BOX 15021 N/A				ADDRESS	
CITY-ST-ZIP	SARASOTA FL			TY-ST	-ZIP	☐ Change ☐ Addition
TITLE	D D D D D D D D D D D D D D D D D D D	☐ DELETE	4.1 11		İ	C Change C Administration
NAME	GAMBLE-WEBB, DEBRA		4, 2 N			
STREET ADDRESS	P.O. BOX 15021 N/A				ADDRESS	
CITY-ST-ZIP	SARASOTA FL			TY-ST-	-ZIP ·	Change Addition
TITLE	D	☐ DELETE	5.1 TD			Change ( ) Addition
NAME	GAMBLE, DOROTHY G.		5.2 NA			
STREET ADDRESS	P.O. BOX 15021 N/A		•		ADDRESS	
CITY-ST-ZIP	SARASOTA FL			TY-ST-	- <u>ZIP</u>	☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TI			☐ Ottoride ☐ Monitori
NAME			62 NA			
STREET ADDF ESS					ADDRESS	
CITY-ST-ZIP			6.4 CI	ry-st-	-ZIP	

14. I here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.(7(3)(i), Florida Statutes. I further certify that the information indice ted on this annual report or supplemental annual report is true and accurate and that my signe ture shall have the same legal effect as if made under oath; that I am an office 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 change d, or on an attachment with an address, with all other like empowerec.

Shirley K. Gamble 423.99

CR2E034 (11/98)