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Mar 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 # 630729 (2)

1. Corporation Name
BLOSSOM GROVE SERVICE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~500 N WESTSHORE~~ ~~SUITE 1000~~ ~~TAMPA FL 33609~~ ~~US~~	~~P O BOX 20368~~ ~~TAMPA FL 33622~~ ~~US~~

2. Principal Place of Business: 21 1000 N. ASHLEY DR
Suite, Apt. #, etc.: 22 Suite 101
City & State: 23 TAMPA, FL
Zip: 24 33602 Country: 25

2a. Mailing Address: 26 SAME AS
Suite, Apt. #, etc.: 27 Principal Place
City & State: 28 of Business
Zip: 29 Country: 30

3. Date Incorporated or Qualified: 07/25/1979

4. FEI Number: 59-1920326 ☐ 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

RICKARD, JAMES I. III
~~500 N WESTSHORE~~
~~SUITE 1000~~
~~TAMPA FL 33609~~

10. **Name and Address of New Registered Agent**

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1000 N. ASHLEY DR
83 Suite 101
84 City: TAMPA, FL 85 Zip Code: 33602

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	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	POCHEZ, PATRICE		1.2 NAME	
STREET ADDRESS	~~5100 W KENNEDY BLVD #460~~		1.3 STREET ADDRESS	1000 N ASHLEY DR Suite 101
CITY-ST-ZIP	~~TAMPA FL 33609~~		1.4 CITY-ST-ZIP	TAMPA, FL 33602 (N/A)
TITLE	STD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CONSTANINI, GHISLAIN		2.2 NAME	
STREET ADDRESS	~~5100 W KENNEDY BLVD #460~~		2.3 STREET ADDRESS	1000 N ASHLEY DR Suite 101
CITY-ST-ZIP	~~TAMPA FL~~		2.4 CITY-ST-ZIP	TAMPA, FL 33602 (N/A)
TITLE	AS	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	EDWARDS, JOSEPH		3.2 NAME	
STREET ADDRESS	PO BOX 3433 ~~103~~		3.3 STREET ADDRESS	P.O. BOX 3433
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA, FL 33601 (N/A)
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	MAZEAUD, OLIVER		4.2 NAME	
STREET ADDRESS	~~5100 W KENNEDY BLVD #460~~		4.3 STREET ADDRESS	1000 N ASHLEY DR Suite 101
CITY-ST-ZIP	~~TAMPA FL~~		4.4 CITY-ST-ZIP	TAMPA, FL 33602 (N/A)
TITLE	D	☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	RANDON, ALAIN		5.2 NAME	
STREET ADDRESS	~~5100 W KENNEDY BLVD #460~~		5.3 STREET ADDRESS	1000 N ASHLEY DR Suite 101
CITY-ST-ZIP	~~TAMPA FL~~		5.4 CITY-ST-ZIP	TAMPA, FL 33602 (N/A)
TITLE	D	☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	DHOTEL, DANIEL		6.2 NAME	
STREET ADDRESS	~~5100 W KENNEDY BLVD #460~~		6.3 STREET ADDRESS	1000 N ASHLEY DR Suite 101
CITY-ST-ZIP	~~TAMPA FL~~		6.4 CITY-ST-ZIP	TAMPA, FL 33602 (N/A)

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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: Feb 02 689 7249