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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 630729

1. Corporation Name
BLOSSOM GROVE SERVICE, INC

Principal Place of Business	Mailing Address
1000 NASHLEY DR SUITE 101 TAMPA FL 33602	1000 NASHLEY DR SUITE 101 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 4602 DOGWOOD HILL 22 Suite, Apt. #, etc.: COURT 23 City & State: BRANDON FL 24 Zip: 33511 25 Country:	2a. Mailing Address 26: 4602 DOGWOOD 27 Suite, Apt. #, etc.: HILLS COURT 28 City & State: BRANDON FL 29 Zip: 33511 30 Country:

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

4. FEI Number: 59-1920326 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICKARD JAMES I. III 1000 N ASLEY DR suite 101 TAMPA FL 33602	81 Name: MELLI CLAUDE 82 Street Address (P.O. Box Number is Not Acceptable): 4602 DOGWOOD HILLS COURT 83 84 City: BRANDON FL 85 Zip Code: 33511

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: C. MELLI — MAY 01 1999
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 P NAME STREET ADDRESS CITY-ST-ZIP	POCHEZ, PATRICE	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 4602 DOGWOOD HILLS COURT BRANDON FL 33511
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	EDWARDS, JOSEPH ONE TAMPA CITYCENTER suite 2100 TAMPA FL 33601	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MAZEAUD, OLIVIER	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 4602 DOGWOOD HILLS COURT BRANDON FL 33511
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	RANDON ALAIN	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 4602 DOGWOOD HILLS COURT BRANDON FL 33511
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	CONSTANTINI GHISLAIN	☒ DELETE	5.1 TITLE D 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☒ Addition POIRSON, NICOLAS 4602 DOGWOOD HILLS COURT BANDON FL 33511
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DHOTEL, DANIEL	☒ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: C MELLI — MAY 01 99 — (813) 689 7242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #