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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 630729

(2)

1. Corporation Name
BLOSSOM GROVE SERVICE, INC.



Principal Place of Business
5100 WEST KENNEDY BOULEVARD #460
TAMPA FL 33609

Mailing Address
5100 WEST KENNEDY BOULEVARD #460
TAMPA FL 33609-1824

3. Date Incorporated or Qualified 07/25/1979
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 500 N. Westshore

Suite, Apt. #, etc.
22 Suite 1000

City & State
23 Tampa, FL

Zip
24 33609

Country
25

2a. Mailing Address
26 P.O. Box 20368

Suite, Apt. #, etc.
27

City & State
28 Tampa, FL

Zip
29 33622

Country
30

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RICKARD, JAMES I. III
C/O RICKARD & ASSOCIATES, P.A.
5100 WEST KENNEDY BLVD SUITE 460
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name James I. Rickard III
82 Street Address (P.O. Box Number is Not Acceptable) 500 N. Westshore, Suite 1000
83
84 City Tampa FL 85 Zip Code 33609

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 *James I. Rickard III* DATE 5/1/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME POCHET, PATRICE
STREET ADDRESS 5100 W KENNEDY BLVD #460
CITY-ST-ZIP TAMPA FL 33609

TITLE STD
NAME CONSTANINI, GHISLAIN
STREET ADDRESS 5100 W KENNEDY BLVD #460
CITY-ST-ZIP TAMPA FL

TITLE AS
NAME EDWARDS, JOSEPH
STREET ADDRESS PO BOX 3433 NA
CITY-ST-ZIP TAMPA FL

TITLE D
NAME MAZEAUD, OLIVER
STREET ADDRESS 5100 W KENNEDY BLVD #460
CITY-ST-ZIP TAMPA FL

TITLE D
NAME RANDON, ALAIN
STREET ADDRESS 5100 W KENNEDY BLVD #460
CITY-ST-ZIP TAMPA FL

TITLE D
NAME DHOTEL, DANIEL
STREET ADDRESS 5100 W KENNEDY BLVD #460
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

James I. Rickard III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)