

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 515619 (5)

1. Corporation Name

BLOOD'S HAMMOCK GROVES, INC.

95 JAN 24 AM 9:38

Principal Place of Business

4549 LINTON BLVD.
P O BOX 2106
DELRAY BEACH FL 33447

Mailing Address

4549 LINTON BLVD.
P O BOX 2106
DELRAY BEACH FL 33447-2106
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1976		3a. Date of Last Report 02/18/1994	
21		2b		4. FEI Number 59-1701110		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$3.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

STANLEY, CAROL MACMILLAN ESQ.
29 NORTHEAST 4TH AVE.
DELRAY BCH FL

10. Name and Address of New Registered Agent

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 607.1506, 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 reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	BLOOD, CAROLYN J	1.2 NAME	DECEASED
STREET ADDRESS	4482 SANDERLING LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BLOOD, NORMAN W JR	2.2 NAME	
STREET ADDRESS	4482 SANDERLING LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	BLOOD, JAMES D	3.2 NAME	
STREET ADDRESS	1027 LEWIS COVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	☐ Change ☐ Addition
NAME	BLOOD, NORMAN W. III	4.2 NAME	
STREET ADDRESS	4549 LINTON BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(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 in an attachment with an address.

SIGNATURE: *Norman W. Blood, III* Norman W. Blood, III 1/17/95 407-498-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number