

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **515619** (5)
1. Corporation Name
BLOOD'S HAMMOCK GROVES, INC.

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 21 4600 Linton Blvd. Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 33445 25	2a. Mailing Address 26 4600 Linton Blvd. Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 33445 30
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3. Date Incorporated or Qualified 11/01/1976	Applied For Not Applicable
4. FEI Number 59-1701110	
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	

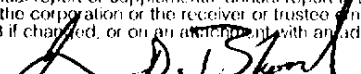
9. Name and Address of Current Registered Agent STANLEY, CAROL MACMILLAN ESQ. 29 NORTHEAST 4TH AVE. DELRAY BCH FL	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP/T
NAME	BLOOD, JAMES D	1.2 NAME	Blood, Rosalie A
STREET ADDRESS	1027 LEWIS COVE	1.3 STREET ADDRESS	1027 Lewis Cove
CITY-ST-ZIP	DELRAY BCH, FL 00000	1.4 CITY-ST-ZIP	Delray Beach, Fl. 33483
TITLE	STD	2.1 TITLE	
NAME	BLOOD, NORMAN W. III	2.2 NAME	
STREET ADDRESS	4549 LINTON BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 amendment with an address.

SIGNATURE:  James D. Blood Feb. 19, 1998

CR2E034 (10/97)