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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90053 023 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P96000057234

1. Corporation Name
BLESSEM, INC.



Principal Place of Business
**578 WEKIVA LANDING DRIVE
APOPKA FL 32712**

Mailing Address
**578 WEKIVA LANDING DRIVE
APOPKA FL 32712**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1996

4. FEI Number

59-3446791

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **1051 OAKPOINT CIR**

2a. Mailing Address

26 **1051 OAKPOINT CIR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **APOPKA, FL**

City & State

28 **APOPKA FL**

Zip

24 **32712**

Country

25 **USA**

Zip

29 **32712**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**HESS, LES
578 WEKIVA LANDING DR
APOPKA FL 32712**

10. Name and Address of New Registered Agent

81 Name

J. BRIAN PARADIS

82 Street Address (P.O. Box Number is Not Acceptable)

1051 OAKPOINT CIR

83

84 City

APOPKA

FL

85 Zip Code

32712

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

J. Brian Paradis
Signature, typed or printed name of registered agent and title if applicable

(NONE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HESS, LES	
STREET ADDRESS	578 WEKIVA LANDING DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NOSEWORTHY, ED	
STREET ADDRESS	578 WEKIVA LANDING DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEINISCHKE, KAREN ASS.	
STREET ADDRESS	578 WEKIVA LANDING DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUSK, ED	
STREET ADDRESS	578 WEKIVA LANDING DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUSK, BRITTA	
STREET ADDRESS	578 WEKIVA LANDING DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	YOST, STEPHANIE STEVE	
STREET ADDRESS	578 WEKIVA LANDING DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. BRIAN PARADIS	
1.3 STREET ADDRESS	1051 OAKPOINT CIR	
1.4 CITY-ST-ZIP	APOPKA, FL 32712	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LARS HOUMANN	
4.3 STREET ADDRESS	930 OASIS COURT	
4.4 CITY-ST-ZIP	APOPKA, FL 32712	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE:

J. Brian Paradis (J. BRIAN PARADIS)

4/26/99

(407) 884-8625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)