

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90022 015 \*\*\*150.00

DOCUMENT # L56730

1. Corporation Name  
CHENOA SOUTH PROPERTIES, INC.

Principal Place of Business  
% JOHN CRIDER  
521 W. FORT ISLAND TRAIL, SUITE A  
CRYSTAL RIVER FL 32629

Mailing Address  
% JOHN CRIDER  
521 W. FORT ISLAND TRAIL, SUITE A  
CRYSTAL RIVER FL 32629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1990

4. FEI Number

59-3006542

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRIDER, JOHN  
521 WEST FORT ISLAND TRAIL  
SUITE A  
CRYSTAL RIVER FL 32629

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 607.1508, 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

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 PSD  
NAME DAVIS, ONLEE, P  
STREET ADDRESS 5278 SPYGLASS POINT  
CITY-ST-ZIP HOMOSASSA FL

1.1 TITLE PSD  
1.2 NAME DAVIS, ONLEE P  
1.3 STREET ADDRESS 29 SOUTH SALISBURY TERRACE  
1.4 CITY-ST-ZIP LECANTO FL 34461

TITLE S  
NAME LOGAN, GREGORY C  
STREET ADDRESS 19 GARFIELD PLACE  
CITY-ST-ZIP CINCINNATI OH

2.1 TITLE S  
2.2 NAME LOGAN, GREGORY C  
2.3 STREET ADDRESS 6921 KENWOOD ROAD  
2.4 CITY-ST-ZIP CINCINNATI OH 45243

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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: X [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 513-984-8647

Date

Daytime Phone #

0487602

CR2E034 (11/98)