

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

**FILED**  
**Feb 10, 1999 8:00am**  
**Secretary of State**

- PROFIT CORPORATION ANNUAL REPORT 1999



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

02-10-1999 90016 022 \*\*\*\*150.00

DOCUMENT # **V67762**

1: Corporation Name  
**FERNO-SOUTH, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 8665 BAY COLONY DR, 2003, NAPLES FL 34108, US  
 Mailing Address: 8665 BAY COLONY DR, SUITE 2003, NAPLES FL 34108, US

3. Date Incorporated or Qualified: **10/01/1992**  
 4. FEI Number: **65-0363265**  
 5. Certificate of Status Desired:  Applied For,  Not Applicable  
 6. Election Campaign Financing:  \$8.75 Additional Fee Required  
 7. 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 (21-24)  
 2a. Mailing Address (26-29)  
 Suite, Apt. #, etc. (22, 27)  
 City & State (23, 28)  
 Zip (24, 29) Country (25, 30)

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 S PINE ISLAND RD**  
**PLANTATION FL 33324**

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 607.1508, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>BOURGRAF, ELROY E</b>
STREET ADDRESS	<b>8000 PEREGRINE LANE</b>
CITY-ST-ZIP	<b>CINCINNATI OH 45243</b>
TITLE	V <input type="checkbox"/> DELETE
NAME	<b>HILES, GARY C</b>
STREET ADDRESS	<b>70 WEIL WAY</b>
CITY-ST-ZIP	<b>WILMINGTON OH 45177</b>
TITLE	ST <input type="checkbox"/> DELETE
NAME	<b>GUZZI, PATRICIA A</b>
STREET ADDRESS	<b>70 WEIL WAY</b>
CITY-ST-ZIP	<b>WILMINGTON OH</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input 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: *Patricia A Guzzi* **PATRICIA A GUZZI** 1-19-99 937-382-1457  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)