(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



300267509993

12/22/14--01039--004 \*\*35.00

**EFFECTIVE DATE** 

## **COVER LETTER**

TO: Amendment Section		
Division of Corporations		
SUBJECT: CANTONMENT	PHARMACY,	INC
DOCUMENT NUMBER: 429537		
The enclosed Articles of Dissolution and fe	ee are submitted for filing	
Please return all correspondence concerning	this matter to the following	ng:
JOHN T. READING, SR	<u> </u>	
· ·	Contact Person)	
CANTONMENT PHARM	MACIY, INC	
(Firm	n/Company)	
P. O. BOX 1093		
(Ac	ldress)	
CANTONMENT, FL. 32	533-2059	,
(City/Stat	e and Zip Code)	
For further information concerning this mat	ter, please call:	
JOHN R. SHORES, CF	PA <sub>at (</sub> 850 ) 44	14-9979
(Name of Contact Person)		Daytime Telephone Number)
Enclosed is a check for the following amount	nt:	
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section		ET ADDRESS: dment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

**EFFECTIVE DATE** 

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

CECOND.	CANTONMENT PHARMACY, INC  The document number of the corporation (if known): 429537		
SECOND:	11 11 V 24 2014		
THIRD:	The date dissolution was authorized: JULY 31, 2014		
	Effective date of dissolution if applicable: DECEMBER 31, 2014  (no more than 90 days after dissolution file date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.		
	☐ Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by		
	JOHN T. AND CAROL READING, SR SOLE SHAREHOLDERS		
	JOHN T. AND CAROL READING, SR SOLE SHAREHOLDERS (voting group)		
	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that filtuciary)		
	JOHN T. READING, SR.		
	(Typed or printed name of person signing)		

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: CANTONMENT PHARMACY, INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

CLAIMANTS NAME, DATE OF CLAIM, AMOUNT OF CLAIM,

DETAIL EXPLANATION OF SERVICES OR PRODUCTS

PROVIDED. P. O. SIGNED BY THE PRESIDENT OF CANTONMENT

PHARMACY, INC AUTHORIZING THE PURCHASE.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

P. O. BOX 1093

CANTONMENT, FL. 32533-1093

JOHN T. READING, SR.

within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing

Loding, Si

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced