822959

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashiras Em.), (Cashiras Em.)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

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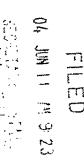




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Withr T. leuis



TRANSMITTAL LETTER

TO: Amendment Section				
Division of Corporati	ons			
SUBJECT:	Hoover Crushed of Name of corpor	Stone		
	(Name of corpor	ration)		
DOCUMENT NUMBER:	82295	9		
The enclosed withdrawal ap	plication and fee are sub	omitted for filing.		
Please return all corresponder matter to the following:	nce concerning this			
	George Bright	t Secretary-Treasurer		
	(Name o	f Person)		
	Hoover, Inc.	ompany)		
	(Firm/Co	ompany)		
	P.O. Box 1700			
(Address)				
		7. 37086 nd Zip code)		
	(City/State a	nd Zip code)	→ 4-	
For further information conce	erning this matter, please	call:		
Barry Collins	at (615 > 793-2600		
(Name of Pers	on)	615) 793-2600 (Area Code & Daytime Teleph	hone Number)	
STREET AD	DRESS:	MAILING ADDR	RESS:	

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399 Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Hoover, Inc., aba Hoover Crushed Stone (Name of Corporation)
(Document Number of Corporation (if known)
(Document Number of Corporation (if known) Tennessee (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
P. O. Box 1700 (Mailing Address)
(Maning Address)
La Vergne, Tn-37086 (City/State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a (Date)
receiver or other court appointed diduciary, by that fiduciary)
Thomas S. Hooner President (Typed or printed name of person signing) (Title of person signing)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35