## F08000001193

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ALLAHASSEE, ET DBILL



## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: ACCELERATION APPEARANCE COMPANY		
(Name of Corporation)		
DOCUMENT NUMBER: - F.08000001193		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
THOMAS W. SCOTT, III		
(Name of Person)		
(Firm/Company)		
P.O. BOX-1983		
(Address)		
ATHENS, GA 30603		
(City/State and Zip code)		
For further information concerning this matter, please call:		
THOMAS W. SCOTT, III at ( 7.06 ) 546-1422		
(Name of Person) (Area Code & Daytime Telephone Number)		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		
Tallahassee, FL 32301		

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

(Name of Corporation)

**ACCELERATION APPEARANCE COMPANY** 

F08000001193	
(Document Number of Corporation (if	known)
GEORGIA	· 
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affa voluntarily surrenders its authority to transact business or conduct affa	•
This corporation revokes the authority of its registered agent in Fl appoints the Department of State as its agent for service of process batime it was authorized to transact business or conduct affairs in Florid	sed on a cause of action arising during the
The following is a current mailing address for the corporation:	O9 SEF Secre
P.O. BOX 1983	ASSI ASSI
(Mailing Address)	AH 9: E, FLO
ATHENS, GA 30603	## 39 39 The state of the state
(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 receiver or other court appointed fiduciary, by that fiduciary)	(Date)
THOMAS W. SCOTT, III  (Typed or printed name of person signing)	ASST SECRETARY (Title of person signing)
(1 your or printed frame or-person signing)	(Time or person signing)

**FILING FEE \$35**