## CAPITOL SERVICES d/b/a PARALEGAL & ATTORNEY SERVICE BUREAU, INC. (Requestor's Name) 1406 Hays Street, Suite 2 (Address) Tallahassee, FL 32301 (904) 656-3992 (City, State, Zip) (Phone #) WW. Chromatol Control Cont

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1.	Fleighman-Hollard Ingiane \$93-3271
	(Corporation Name) (Corporation Name)
2.	10 min and
	(Corporation Name)
3.	(Corporation Name) (Dacument #)
	(Corporation Marrier)
4.	(Corporation Name) (Document #)
	Walk in Pick up time 11/8/97 werityer Certified Copy
	Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	

700002339797--2 -11/06/97--01026--003 \*\*\*\*\*87.50 \*\*\*\*\*\*87.50

OTHER FILINGS			
Γ	Annual Report		
	Fictitious Name	-	
	Name Reservation	-	

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
Ţ.	Other

Examiner's Initials



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

FLEISHMAN-HIL	LARD, INC.		-
	(Name of Corporation)		
MISSOURI			
	(Incorporated Under Laws O	†)	
This corporation is no lo Florida and hereby volur in Florida.	nger transacting business or contarily surrenders its authority to	onducting affairs within the transact business or co	e State of nduct affairs
This corporation revokes behalf and appoints the cause of action arising of fairs in Florida.	s the authority of its registered Department of State as its age during the time it was authorize	agent in Florida to accep nt for service of process l d to transact business or	t service on its based on a conduct af-
The following is a currer any process against this	nt mailing address to which the s corporation that may be serve	Department of State may ed on the Department.	mail a copy of
200 North Bro	adway		
	(Mailing Address)		
St. Louis, MC	63102		
	(City - State - Zip)		
The corporation agrees ing address.	s to notify the Department of St	ate in the future of any ch	ange in its mail
// 7			
horse of	-folle-	9-12 Dal	
7 0	Signature		

.Typed or printed name

Executive Vice President
Title