DIEPERSONEN ROLLING
OFFICE OF THE COMPTROLLER APPENATION OR REFUND
Section 215.  Se
signature of the state of payment
the Computed the barren. These ways generally interpreted as meaning three years from the unit of State
eise such tips and the Comptroller that delegated the money.  Into the State freaking. The Comptroller that delegated the money.
into the State Areasury. The Computation of the money.  government which initially collected the money.  government which initially collected the money.  Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or  Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or  Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or  Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or
Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, of Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, of Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, of Pursuant to the Pursuant to the Pursuant to the Pursuant to the State treasury, which are Section 25.26.
1 - at to sefund. The following intollination is successful.
Name: HOLIDAY   SLE PROPERTIES EIN or SS#:
Name: HOLIDAY ISLE PROPERTIOS  Address: 842 HIGHWAY 98 EAST, SHORELINE VILLAGE MALL
Address: 842 HIGHWAY TO LAGITON
DESTIN, FL 32541
DESTIN, TO GOO.
Amount: \$385.00 Date Paid 8/12/97
Amount: DOO ALONGATE OF ANNUAL REPORT FOES
Amount: \$385.00 Date Paid 8/12/9/ Reason for claim: DVERPAYMENT OF ANNUAL REPORT FEES
1141813
L. Sellers
Certified true and correct this day of, 19
Certified true and con-
Signature See attached
* Must be completed if authority is other than Section 215.26, Florida Statutes.
* Must be completed if 22000
For Agency Use Only
Agency recommends approval of above claim and submits the follows?  Agency recommends approval of above claim and submits the follows?  Amount of recommended refund \$650.000.  Substantiate the claim:  Amount of recommended refund \$650.000.  Amoun
substantiate the claim:  Amount of recommended refund 100  substantiate the claim:  The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on 1  The amount requested above was originally deposited into the State Treasury.
The amount requested above was originally deposited into the State Treasurer's Receipt No. 1005 dated State Treasurer's
State Treatment of the state of
Name of Account 2 3 2 0 2 1 3 0 0 1 4 5 3 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0 1 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2
Salutory Authority for Collection
It is requested that payment be made from the following account.
NAME OF ACCOUNT 4520213000145300000022002000
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Certified true and correct this
Certified true and correct this
,这是是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个



H41813



REAL ESTATE SALES RESORT RENTALS

842 Highway 98 East

(850) 837-0009 (850) 837-0010

Destin, Florida 32541

441613

Aug. 1, 1997

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

This letter is in response to the late filing fee charges billed to Holiday Isle Properties. In speaking with your office today they suggested I write a letter to explain the circumstances of non-payment of the fee. The local post office changed our mailing address for 911 purposes January 1, 1998 from 904 Highway 98 East to 842 Highway 98 East. I was assured that the post office would forward my mail to the new address, apparently this did not occur this past spring.

I have been responsible for paying the filing fees for the past 12 years and have never been late and generally pay them every February. not a refund is justified.

I appreciate your consideration in this matter and hope to hear from your office soon.

Sincerely,

Patricia Denny Office Manager

8/12/17 98159/035