

P05000055372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

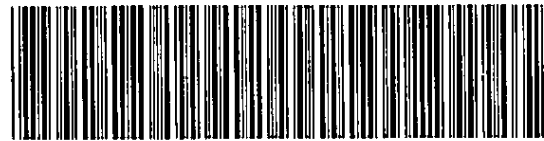
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



100391638441

SEP 14 2022 10:30 AM

2022 JUL 29 AM 9:35
SEP 14 2022
10:30 AM

Dissolution

SEP 14 2022

D CUSHING

July 25, 2022

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

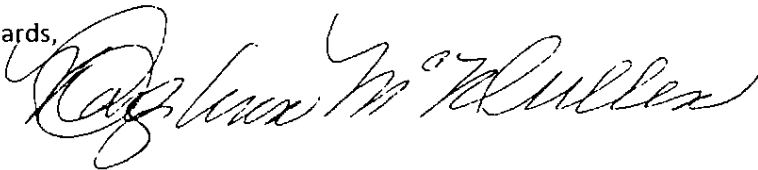
To Whom it May Concern,

I am writing to initiate dissolution of my husband's Profit Corporation due to his death on June 14, 2022. Please find enclosed the completed form requesting dissolution as well as an original copy of his death certificate.

Walter James McMullen was the sole agent/officer/employee of Four Corners Engineering, Inc., document number P05000055372. As his wife and executor of his will, I am requesting dissolution of the corporation. There are no outstanding debts or commitments.

Please feel free to contact me directly if there are any questions or additional information that is required.

Regards,



Mary Ann McMullen
130 Roberts Lane
Lenoir, NC 28645
(828) 729-9193

2022 JUL 29 AM 9:35
FBI - TAMPA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Profit Corporation due to Death
Fair Corners Engineering, Inc.

DOCUMENT NUMBER: P0500055372

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Ann McMullen (wife of deceased)
(Name of Contact Person)

(Firm/Company)

130 Roberts Lane

(Address)

Lenoir, NC 28645

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Ann McMullen (wife) (628) 729-9193

Karen (McMullen) Boehling (daughter) at (978) 886-2574
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| ☐ \$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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:
Four Corners Engineering, Inc.
- SECOND: The document number of the corporation (if known): P05000055372
- THIRD: The file date of the articles of incorporation: 4/08/2005
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator or in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Mary Ann M. Mullen

(Typed or printed name of person signing)

Wife of Walter James M. Mullen

(Title of Person Signing)

Filing Fee: \$35

2022 JUL 29 AM 9:35
CORPORATE
FILED

CERTIFICATION OF VITAL RECORD - CALDWELL COUNTY, NC - REGISTER OF DEEDS

Death
505821

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS
CERTIFICATE OF DEATH

Book 109
Page 626

STATE FILE NO

TYPE/PRINT IN PERMANENT BLACK, BLUE, BLACK OR BLUE INK		DECEDENT'S LEGAL NAME 1a. FIRST: Walter 1b. MIDDLE: James 1c. LAST: McMullen 1d. SUFFIX: 1e. LAST NAME PRIOR TO FIRST MARRIAGE:											
		2. SEX: Male 3a. AGE - LAST BIRTHDAY (Yrs): 78 3b. UNDER 1 YEAR: 3c. UNDER 1 DAY: 4. DATE OF BIRTH: JUN 18, 1943 5. BIRTHPLACE (Country/State or Foreign Country): Monroe, NY 6. DATE OF DEATH: June 14, 2022											
		7a. PLACE OF DEATH: Inpatient 7b. FACILITY NAME (If not institution, give street, number, city or town): Caldwell Memorial Hospital - UNC Health											
		7c. COUNTY OF DEATH: Caldwell		8. MARITAL STATUS: Currently Married		9. SURVIVING SPOUSE (Give name prior to first marriage): Mary Ann Schoenberger							
		10a. DECEDENT'S USUAL OCCUPATION: Import-Export Tools			10b. KIND OF BUSINESS/INDUSTRY: Owner/Operator			11. DECEDENT'S SOCIAL SECURITY NUMBER: 101-34-3476					
		12a. RESIDENCE - STATE OR FOREIGN COUNTRY: North Carolina					12b. RESIDENCE - COUNTY: Caldwell		12c. RESIDENCE - CITY OR TOWN: Lenoir				
		12d. RESIDENCE - STREET AND NUMBER: 130 Roberts Lane					12e. INSIDE CITY LIMITS: Yes		12f. ZIP CODE: 28645		13. WAS DECEDENT EVER IN U.S. ARMED FORCES?: No		
		14. DECEDENT'S EDUCATION: Bachelor's degree		15. DECEDENT OF HISPANIC ORIGIN?: Not Spanish/Hispanic/Latino			16. DECEDENT'S RACE: White						
		17. FATHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage): Mortimer McMullen					18. MOTHER/PARENT NAME (First, Middle, Last, Suffix) (Last Name Prior to First Marriage): Marie Maurer						
		19a. INFORMANT'S NAME: Mary Anne McMullen		19b. RELATIONSHIP TO DECEDENT: Spouse		19c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 130 Roberts Lane, Lenoir, NC 28645							
		20a. MANNER OF DISPOSITION: Cremation		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Greer-McElveen Funeral Home & Crematory			20c. LOCATION (City or Town and State): Lenoir, North Carolina						
		21a. SIGNATURE OF FUNERAL DIRECTOR: James E. McElveen (Signature Authenticated)					21b. LICENSE NO: FS1438		21c. NAME OF EMBALMER:		21d. LICENSE NO:		
		22. NAME AND ADDRESS OF FUNERAL HOME: Greer-McElveen Funeral Home & Crematory, 725 Wilkesboro Blvd NE, Lenoir, NC 28645											
		23. Part I. Enter the chain of events (disease, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.										Approximate interval Onset to death or IMMEDIATE CAUSE Days	
		24a. DATE CAUSE: 24b. SEVERE SEPSIS WITH MULTIORGAN FAILURE Due to (or as a consequence of)										Days	
		24c. Due to (or as a consequence of)											
		24d. Due to (or as a consequence of)											
		24e. Due to (or as a consequence of)											
		PART II. Enter all identified conditions contributing to death but not resulting in the underlying cause given in PART I.										24a. WAS AN AUTOPSY PERFORMED?: No	24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?:
		25. MANNER OF DEATH: Natural		26. WAS CASE REFERRED TO MEDICAL EXAMINER?: No		27. TIME OF DEATH (Approximate): 1656		28. DID TOBACCO USE CONTRIBUTE TO DEATH?: No		29. PREGNANCY STATUS, IF APPLIES: Not Applicable			
MEDICAL EXAMINER ONLY		30. DATE PRONOUNCED:		31a. DATE OF INJURY:		31b. TIME OF INJURY:		31c. INJURY AT WORK?:		31d. PLACE OF INJURY:		31e. IF TRANSPORTATION INJURY SPECIFY:	
		31f. DESCRIBE HOW INJURY OCCURRED:					31g. LOCATION OF INJURY (Street Number/City/State):						
		32. CERTIFIER: I certify that, to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.											
		33a. SIGNATURE AND TITLE OF CERTIFIER: Deborah Deosa Holcomb, DO (Signature Authenticated)					33b. LICENSE NO: 200200676		33c. DATE SIGNED: 06/21/2022				
		33d. NAME AND ADDRESS OF CERTIFIER: Deborah Deosa Holcomb, 321 Mulberry St SW, Lenoir, NC 28645					34. CASE ID NUMBER: 8259768						
		35. SIGNATURE OF LOCAL REGISTRAR: Jessica Watson (Signature Authenticated)					36. LOCAL FILE DATE: 06/21/2022		37. DATE REGISTERED BY STATE: 06/21/2022				
		38. ITEM(S) AND DATE(S) CORRECTED/AMENDED:											

DE-10 10/17
(REVISED 8/20/2019)
N.C. VITAL RECORDS

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This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

080785

Witness my hand and official seal

This the 22ND day of JUNE 2022

Wayne L. Rash
Register of Deeds
Caldwell County

Angela Khong
Deputy / Assistant Register of Deeds



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE