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October 13, 1997

Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6427
Tallahassee, FL 32301

In re: - Articles of Dissolution of S.M. Wall Company
- Formation of new S.M. Wall Company

Dear Sir/Madam:

000002323140--0
-10/17/97--01073--008
*****87.50 *****87.50

Enclosed please find the Articles of Dissolution for S.M. Wall Company and our check for \$87.50 for the following:

Filing Fee	\$35.00
Certified Copy of Articles	<u>52.50</u>
	\$87.50

Also, please find an affidavit allowing the immediate use of the S.M. Wall Company name, an original and (1) copy of the Articles of Incorporation for the new S.M. Wall company, and our check to cover the cost of filing the new corporation in the amount of \$122.50 for the following:

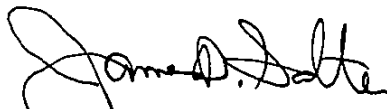
Filing Fee	\$ 35.00
Registered Agent Designation	35.00
Certified Copy of Articles	<u>52.50</u>
	\$122.50

Wildis
FILED
97 OCT 16 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TLL OCT 1 1997

Corporate Records Bureau - Division of Corporations
Department of State
October 13, 1997
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Please process these matters and return the appropriate documents to me
as soon as possible.

Sincerely yours,



James D. Salter

JDS/kjd

Enclosure

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

- FIRST:** The name of the corporation is: **S.M. WALL COMPANY**, a Florida corporation.
- SECOND:** The date dissolution was authorized: **AUGUST 28, 1997**.
- THIRD:** Dissolution was approved by the shareholders. The number of votes case for dissolution was sufficient for approval.

Signed this 30th day of September, 1997.

Signature:

Ira C. Stidham
IRA C. STIDHAM, President

FILED
97 OCT 16 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 30th day of Sept., 1997, by **IRA C. STIDHAM**, as **President of S.M. WALL COMPANY**, a Florida corporation, on behalf of said corporation. Such person(s):

- (X) is/are personally known to me.
() produced a current _____ Driver's license as identification.
() produced _____ as identification.



Katherine E. Prevatt
MY COMMISSION # 00542700 EXPIRES
July 7, 2000
BONDED THRU TROY FAIR INSURANCE, INC.

(SEAL)

Katherine E. Prevatt

Print Name: _____
Notary Public, State of FLORIDA
My Commission Expires: _____
Serial Number: _____