

Scott's

285403
JAY APPLIANCE & FURNITURE CO., INC.

904/675-4566

Jay, Florida 32565

P.O. Box 188

August 18, 1997

Division Of Corporations
P. O. Box 6327
Tallahassee, FL 32314

800002274498--3
-08/22/97--01049--006
*****35.00 *****35.00

Dear Sirs;

Please find enclosed Articles of Amendment to Articles of Incorporation for our company. We would like to change our corporate name from Scott's Jay Appliance & Furniture Co, Inc. to Scott's Inc.

If you need any further information or have any questions, please call us at the above number.

Yours truly,


M. D. Scott - President

EN

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State 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 Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name:	M.D. SCOTT	EIN or SS#:	
Address:	SCOTT'S JAY APPLIANCE & FURNITURE COMPANY, INC.		
	P.O. BOX 188'		
	JAY, FL 32565		
Amount:	\$35.00	Date Paid:	
Reason for Claim:	NEW NAME WAS NOT AVAILABLE		
	T. BROWN/AMENDMENTS		
	285403 SCOTT'S JAY APPLIANCE & FURNITURE COMPANY, INC.		
Certified true and correct this _____ day of _____, 19 _____.			
Signature _____			

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Do Not Write in This Box - For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim:
 Amount of recommended refund \$ 35.00
 The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on
 State Treasurer's Receipt No. 01049--006 dated 08/22/97

NAME OF ACCOUNT: _____
45202130001453000000000010000

Statutory Authority for Collection: 607.0122
 It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____
45202130001453000000022002000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations
 (Agency) _____ (Authorized Agency Signature and Title)