Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section	ŀ					
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Persuant to the provisions of Rule 3A-41020, Field Administrative Code, and Section 215.26, Florida Statutes, or subject to refund. The following information is submitted to substantiate the claim. Name: PARK NEMSPAPERS OF FLORIDA, INC. EIN or SS#: <u>59-1576166</u> Address: P.O. BOX 85333 RICHMOND, VA 23293-0001 Amount: <u>BUS 0.0</u> Date Paid <u>5/01/97</u> Reason for claim: <u>Corp.</u> merg.pd. 100 AP <u>5/19/97</u> Reason for claim: <u>Corp.</u> merg.pd. 100 AP <u>5/01/97</u> Reason for claim: <u>Corp.</u> merg.pd. 100 AP <u>5/19/97</u> Reason for claim: <u>Corp.</u> merg.pd. 100 ARD <u>7/10/07</u> Signature <u>JUNE</u> , <u>19/97</u> Signature <u>JUNE</u> , <u>19/97</u> * Must be completed if authority is other than Section 215.26, Florida Statutes. Sim Treasmite's Recipt No. <u>91153/300</u> <u>and 205 UL-30</u> Sime Treasmite's Recipt No. <u>91153/300</u> <u>and 205 UL-30</u> <t< td=""><td>Section 215.26, Fi the Comptroller, e else such right sh into the State treas government which</td><td>lorida Statutes, states in except as otherwise pro all be barred. Three ye ury. The Comptroller h initially collected the m</td><td>1 part: "Applications for refu wided herein, within 3 years ears is generally interpreted as delegated the authority to loney.</td><td>nds as provided in this se after the right to such re as meaning three years fr accept applications for re</td><td>ction shall be filed with fund shall have accrued om the date of payment fund to the unit of State</td><td></td></t<>	Section 215.26, Fi the Comptroller, e else such right sh into the State treas government which	lorida Statutes, states in except as otherwise pro all be barred. Three ye ury. The Comptroller h initially collected the m	1 part: "Applications for refu wided herein, within 3 years ears is generally interpreted as delegated the authority to loney.	nds as provided in this se after the right to such re as meaning three years fr accept applications for re	ction shall be filed with fund shall have accrued om the date of payment fund to the unit of State	
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Address:	Name: <u>PARK</u>	NEWSPAPERS OF F	LORIDA, INC.	EIN or SS#:	59-1576166	
Amount: Bibs.0.0 Date Paid 5/01/97 Reason for claim: Corp. n. or g.d. (no) AR required -468764 9P 4[23]64 Certified true and correct this _10_ day of _JUNE	Address:	P.O. BOX 85333) 	· · · · · · · · · · · · ·		
Reason for claim: <u>Core. morged in AR required -468766</u> <u>9P</u> <u>123</u> [9] Certified true and correct this <u>10</u> day of <u>JUNE</u> , <u>1997</u> . Signature <u>Add Char</u> , <u>Directore oc tay</u> * Must be completed if authority is other than Section 215.26, Florida Statutes. <i>Por Agency recommends approval of above claim and abmits the following hybrination to</i> subienthat the claim: <u>Amount of recommended refund 3 145.00</u> The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited in State Treasure's Receipt No. <u>91153</u> 936 _ dated <u>305.200.</u> Name of Account <u>1000000000000000000000000000000000000</u>	-	RICHMOND, VA	23293-0001	·		
Reason for claim: <u>Core. morged in AR required -468766</u> <u>9P</u> <u>123</u> [9] Certified true and correct this <u>10</u> day of <u>JUNE</u> , <u>1997</u> . Signature <u>Add Char</u> , <u>Directore oc tay</u> * Must be completed if authority is other than Section 215.26, Florida Statutes. <i>Por Agency recommends approval of above claim and abmits the following hybrination to</i> subienthat the claim: <u>Amount of recommended refund 3 145.00</u> The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited in State Treasure's Receipt No. <u>91153</u> 936 _ dated <u>305.200.</u> Name of Account <u>1000000000000000000000000000000000000</u>	Amount: 165	. <u>00</u> Date	e Paid <u>5/01/97</u>	•		
2P 212121 Certified true and correct this _10_ day of _JUNE						
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