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DANIEL J. WEBSTER, P.A.  
ATTORNEY AT LAW

347 South Ridgewood Avenue  
Daytona Beach, Florida 32114

City

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-05/07/99--01074--019  
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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

FILED  
99 MAY -7 PM 1:23  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Dis  
5-14-99  
BHS

ARTICLES OF DISSOLUTION  
OF  
DICKENS AND ASSOCIATES, INC.

**FILED**  
99 MAY -7 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name of this corporation is **Dickens and Associates, Inc.** [the "Corporation"].  
The Corporation was organized under the laws of the State of Florida on **December 1, 1976**.  
Upon recommendation of the Board of Directors, the shareholders have, by  
unanimous written consent, elected to dissolve the Corporation on 1-29-99.

IN WITNESS WHEREOF, this was duly executed by the undersigned parties,  
this 29TH day of January, 1999.

[CORPORATE SEAL]

ATTEST:

Kip C. Best, as Secretary

**DICKENS AND ASSOCIATES, INC.,**  
a Florida corporation

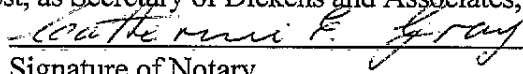
By: 

E. W. Best

as President under due corporate authority

STATE OF FLORIDA  
COUNTY OF VOLUSIA

The execution of the foregoing Articles of Dissolution were acknowledged before  
me by E. W. Best, as President and Kip C. Best, as Secretary of Dickens and Associates, Inc.

  
Signature of Notary

Name of notary (Typed, Printed or Stamped)

Commission Number (if not legible on seal):


My commission Expires (if not legible on seal):

☒  
☐  
☐

Personally Known.

Produced a current Florida driver's license as identification.

Type of Identification Produced

 CATHERINE E. GRAY  
Notary Public  
State of Florida  
My Comm. Exp: 04/28/02  
Comm#: CG737067