

680258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

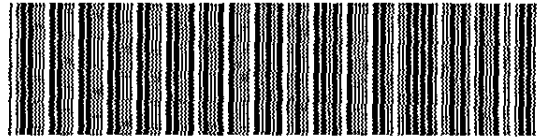
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ferry Pass Insurance Agency, Inc
196 E. Nine Mile Road, Suite A
Pensacola, FL 32534
850-476-8310

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached is the Articles of Dissolution that I am submitting to dissolve the above corporation.

Please process and mail me a certified copy to my above address.

Sincerely,

A handwritten signature in black ink, appearing to read "Russell G. Messick", written over a horizontal line.

Russell G. Messick

ARTICLES OF DISSOLUTION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: _____

FERRY PASS INSURANCE Agency, INC

SECOND: The date dissolution was authorized: 1-1-2003

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 27th day of December, 2002.

Signature

Russell G. Messick President
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Russell G. Messick
(Typed or printed name)

President
(Title)