## 820161

| (Requestor's Na                        | ame)            |
|--|-----------------|
|  |                 |
| (Address)                              |                 |
|  |                 |
| (Address)                              |                 |
| (City/State/Zip/F                      | Phone #)        |
| PICK-UP WAI                            | T MAIL          |
|  |                 |
| (Business Entity                       | / Name)         |
| (Document Nun                          | nhar)           |
| (Document Num                          | ibel)           |
| Certified Copies Certifi               | cates of Status |
|  |                 |
| Special Instructions to Filing Officer | :               |
|  |                 |
|  |                 |
|  |                 |
|  |                 |
|  |                 |
|  |                 |

Office Use Only



800036284298

Withdr Tileuis

05/24/04--01058--004 \*\*43.75

60.60 20.3735

## TRANSMITTAL LETTER

|  | nendment Section vision of Corporations                      |  |  |
|--|--|--|--|
| SUBJEC   | r: KING FISHER MARINE SERVICE, INC.                          |  |  |
| (Name of corporation)  |  |  |  |
| DOCUM  | ENT NUMBER: 820161   |  |  |
| The enclo  | sed withdrawal application and fee are submitted for filing. |  |  |
|  | urn all correspondence concerning this the following:        |  |  |
|  | CINDY S. SCHROEDER   |  |  |
| (Name of Person)   |  |  |  |
|  | KING FISHER MARINE SERVICE LP                                |  |  |
| (Firm/Company)   |  |  |  |
| _  | P.O. BOX 108   |  |  |
| (Address)  |  |  |  |
|  | PORT LAVACA, TX 77979-0108                                   |  |  |
| (City/State and Zip code)                                    |  |  |  |
| For further information concerning this matter, please call: |  |  |  |
| CIN  | DY S. SCHROEDER at (713 ) 852-6500                           |  |  |
|  | (Name of Person) (Area Code & Daytime Telephone Number)      |  |  |
|  | STREET ADDRESS: MAILING ADDRESS:                             |  |  |

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

| KING FISHER MARIN   | E SERVICE, INC.              |  |
|---|------------------------------|--|
| (Nam  | e of Corporation)            |  |
| 820161  |                              |  |
| (Document Numb  | er of Corporation (if known) |  |
| TEXAS   |                              |  |
| (Incorpor   | ated Under Laws of)          |  |
| This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.  This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.  The following is a current mailing address for the corporation:  P.O. BOX 108  (Mailing Address) |                              |  |
|   |                              |  |
| PORT LAVACA, TX 77979-0108  (City/ State /Zip)  |                              |  |
| The corporation agrees to notify the Department of State in the future of any change in its mailing address.  |                              |  |
| Cardin I Day  | MAY 21, 2004                 |  |
| (Signature of a director, president or other officer - if in the receiver or other court appointed fiduciary, by that fiduciary   | hands of a (Date)<br>ry)     |  |
| CINDY S. SCHROEDER  | SECRETARY                    |  |
| (Typed or printed name of person signing)   | (Title of person signing)    |  |

**FILING FEE \$35**