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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of C			
SUBJECT: NORT	HWAY FAMILY LIMITE	D PARTNERSHIP	
		of Limited Partnership)	
DOCUMENT NUMB	ER: A95000000713		
The enclosed Certification	te of Cancellation and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
<u> </u>	Bruce H. Bokor, Esq.		
		Name of Person)	_
اِ	ohnson, Pope, Bokor, F		
	((Firm/Company)	
9	111 Chestnut Street		
		(Address)	
9	Clearwater, FL 33756		
	(City	//State and Zip Code)	
For further information	concerning this matter, please of	call:	
Bruce H. Bo	okor, Esq.	at (727) 461-1818	
·	(Name of Person)	(Area Code & Daytime Telepho	ne Number)
Enclosed is a check for	the following amount:		TALL!
\$52.50 Filing Fee	✓ \$61.25 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	5 Filling Fee 3 ficate of Status & fied Copy ional Copy is enclosed)
Registration S Division of Co Clifton Buildin	orporations ng re Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CERTIFICATE OF CANCELLATION FOR

NORTHWAY FAMILY LIMITED PARTNERSHIP (Insert name currently on file with Florida Dept. of State)	
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose	
certificate was filed with the Florida Department of State on MAY 8, 1995, hereby submits this	
Certificate of Cancellation.	
FIRST: Reason for cancellation: (State why partnership is submitting cancellation) Partnership is dissolving.	
SECOND: This Certificate of Cancellation shall be effective at the time of its filing with the Florida Department of State.	
THIRD: Signatures of all general partners:	
FIFTH THIRD BANK, as trustee of the estate	
of Wohn F. Northway, Sr.	-1
By: Gerese Gaffney, Vice President	C.SHEET
SSE 21	