## unds as provided pplications for Comptroller, accept as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money. Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or \*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim. THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY. Name: CHARLES LABIANCO EIN or SS#: 59-3423248 Address: P.O. BOX 328 TARPON SPRINGS FL. Amount: 492.80 \_\_\_\_ Date Paid: \_\_\_\_\_\_/29/97 Reason for Claim: OVERPAMENT ON 1/29/97 filing of SIX K FUNDING FAMILY LIMITED PARTNERSHIP A97000000251 Certified true and correct this \_/ P\_day of \_\_\_\_\_ Signature \_\_ Must be completed if authority is other than Section 215.26, Florida Statutes. Do Not Write in This Box - For Agency Use Only Agency recommends approval of above clam and submits the following information to substantiate the claim: Amount of recommended refund \$ 492.80 The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01043 020 dated 01/31/97 ... NAME OF ACCOUNT: \_ 45202130001453000000000010000 Statutory Authority for Collection 620.0182

45202130001453000000022002000

(Authorized Agency Signature and Title)

Certified true and correct this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 19 \_\_\_\_\_,

It is requested that payment be made from the following account:

Department of State, Division of Corporations

(Agency)

NAME OF ACCOUNT:

CR2E060(9/96)