

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 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 Section _____, 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:	John P. McKeever, Esquire	EIN or SS#:	
	Pattillo, McKeever & Bice, P.A.		
Address:	P. O. Box 1450		
	Ocala, FL 34478		
Amount:	\$140.00	Date Paid:	
Reason for Claim:	On 1/29/97, an attempt was made to file SILVER SPRINGS SHORES LAND TRUST, LTD. (W9700002591). The filing was rejected for corrections. When the filing was redelivered to this office on 2/1/97, a check for \$1,837.50 was sent and accepted. The filer decided to request a refund for the \$140.00 originally sent. BK		
Certified true and correct this	11th	day of	February, 19 97
Signature	NOTE: The partnership was subsequently filed under A9700000350 using another check, which was made out in the proper amount.		

* 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 claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 140.00

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. 01085 001 dated 01/29/97

NAME OF ACCOUNT: 45202130001453000000000010000

Statutory Authority for Collection _____
It is requested that payment be made from the following account:

NAME OF ACCOUNT: 452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____

Department of State, Division of Corporations _____
(Agency) (Authorized Agency Signature and Title)