

A97000002070

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refund as provided in this section shall be filed with the Comptroller, except 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 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: <input checked="" type="checkbox"/>	DONALD C. THOMPSON	EIN or SS#:	
Address: <input checked="" type="checkbox"/>	6302 Benjamin Road, Suite 400		
	Tampa, FL 33634		
Amount: \$13.12	Date Paid: 9/24/97		
Reason for Claim: OVERPAYMENT ON 9/24/97 filing of			
D.C. THOMPSON, LTD.			
A97000002070			
Certified true and correct this 8 th day of Oct., 19 97			
Signature <u>Donald C. Thompson</u>			

RECEIVED
97 OCT 24 AM 10:40
DIVISION OF CORPORATIONS

* 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 \$ 13.12	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No.	01064 005 dated 09/30/97
NAME OF ACCOUNT:	45202130001453000000000010000
Statutory Authority for Collection	620.0182
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)	