

B93000000110

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 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.

Name: Blanco Tackabery Combs & Matamors, P.A. EIN or SS#: \_\_\_\_\_

Address: P. O. Drawer 25008, Winston-Salem, NC 27114-5008

Amount: \$52.50 Date Paid: \_\_\_\_\_

Reason for Claim: Refund requested for voluntary cancellation.

Name: MIDAMERICA PHARMACIES LIMITED PARTNERSHIP Document #B93000000110

Tammi Cline/Registration Section

Certified true and correct this 5th day of June, 1997

Signature [Handwritten Signature]

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

**For Agency Use Only**

Agency recommends approval of above claim and submits the following information to substantiate the claim:

Amount of recommended refund \$ 52.50

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

State Treasurer's Receipt No. 01007-001 dated 05/28/97

NAME OF ACCOUNT: \_\_\_\_\_  
**4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 0 0 1 0 0 0 0**

Statutory Authority for Collection 620.0182

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

NAME OF ACCOUNT: \_\_\_\_\_  
**4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 2 2 0 0 2 0 0 0**

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

Department of State, Division of Corporations  
(Agency)

\_\_\_\_\_  
(Authorized Agency Signature and Title)