# F03000003278

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WITHOUTH

### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AVIATION NETWORK TECHNOLOGIES, INC (Name of corporation)
DOCUMENT NUMBER: F 03 00 000 329 8
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CAYLE R. ANDRUS, CPA (Name of Person)
(Firm/Company)
PO BOX 871055 (Address)
STUNE MOUNTAIN, 6H 30087  (City/State and Zip code)
For further information concerning this matter, please call:  (Name of Person)  at (170) 638-3222  (Area Code & Daytime Telephone Number)
(Little Cold of Displace Plane)

#### **STREET ADDRESS:**

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

#### **MAILING ADDRESS:**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

HUIATION NETWORK TECHNOLOGIES, INC (Name of Corporation)
(Name of Corporation)
FD300003278 (Document Number of Corporation (if known)
GEORGIA (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:  PO BOX 87/05  (Mailing Address)  (Mailing Address)
STOWE MOUNTAIN LA 3008 5 (City/State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver (or other court appointed fiduciary, by that fiduciary)  (Date)
W, JOHN SLOT PRESIDENT (Typed or printed name of person signing)  (Title of person signing)