## F04000004707

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e#)
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: MIDDLE BAY FUEL, INC.		
(Name of corpo	ration)	
DOCUMENT NUMBER: F04000004707		
The enclosed withdrawal application and fee are su	bmitted for filing.	
Please return all correspondence concerning this matter to the following:		
ROBERT M. GALI	OWAY	
(Name of Person)		
GALLOWAY, SMITH, WETTERMARK & EX	ÆREST, LLP	
	Company)	
Post Office Box 16629		
	dress)	
Mobile, Al 36616		
(City/State	and Zip code)	
For further information concerning this matter, please	e call:	
Robert M. Galloway at (	251 ) 476–4493	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: Amendment Section	MAILING ADDRESS: Amendment Section	
Division of Corporations	Amendment Section Division of Corporations	
409 E. Gaines St.	P.O. Box 6327	
Tallahassee, FL. 32399	Tallahassee, FL. 32314	

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

Middle Bay Fuel, Inc.
(Name of Corporation)
F04000004707  (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
Alabama
(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:
Post Office Box 1964
(Mailing Address)
Mobile, Al 36633-1964
(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)
receiver or other court appointed fiduciary, by that fiduciary)
(Typed or printed name of person signifig)  (Title of person signing)
(*************************************

FILING FEE \$35