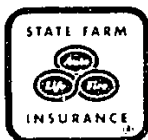


F32332



JOHN L. ANDREWS INSURANCE AGENCY, INC.
Auto - Life - Health - Home and Business
~~4000 W. OAK ST.~~ 130 W. OAK ST.
Apopka, Florida 32703
~~0000000000~~
Res. (407) 889-2291

APRIL 30, 1997

SANDRA B. MORTHAM
SECRETARY OF STATE
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

LADIES/GENTLEMEN:-

ENCLOSED ARE ARTICLES OF DISSOLUTION
PURSUANT TO SECTION 607.1403, FLORIDA
STATUTES AND REQUIRED FILING FEE OF \$35.00
BY CHECK # 12376.

NEW ADDRESS: 130 W. OAK ST., APOPKA,
FLORIDA 32703-4144, PH# (407) 889-2291

VERY TRULY YOURS,

JOHN L. ANDREWS
PRESIDENT

	Trademark
	Other

Office Use Only

known):

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FILED
97 MAY -5 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

vol. diss.

VICKIE J. WHITFIELD MAY 13 1997

Examiner's Initials

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
97 MAY -5 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: JOHN L. ANDREWS INSURANCE AGENCY, INC.

SECOND: The date dissolution was authorized: APRIL 30, 1997

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.


The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 30TH day of APRIL, 19 97

Signature


(By the Chairman or Vice Chairman of the Board, President, or other officer)

JOHN L. ANDREWS

(Typed or printed name)

PRESIDENT

(Title)