

F74899

Requestor's Name	
See next pg.	
Address	
City/State/Zip	Phone #

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*****35.00 *****35.00
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
98 OCT 27 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RAresig

VS OCT 30 1998

Examiner's Initials

CT CORPORATION SYSTEM

October 20, 1998

1633 Broadway
New York, NY 10019
Tel. 212 246 5070

RE: SOUTHERN RV, INC. (IL. DOM.)
SOUTHERN STATES MANAGEMENT COMPANY (TX. DOM.)
STANDARD GRAPHICS, INC. (GA. DOM.)
STUTON OF FLORIDA, INC. (FL. DOM.)
SUN INSURANCE GROUP, INC. (FL. DOM.)

Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed are 5 checks in the amount of \$35.00 each to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

C T CORPORATION SYSTEM


Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA:ld
enclosure



Florida Department of State, Jim Smith, Secretary of State

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TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the undersigned, C T CORPORATION SYSTEM hereby resigns as
(name of registered agent)

Registered Agent for STUTON OF FLORIDA, INC.
(name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA

A copy of this resignation was mailed to the above listed corporation at its last known address.

C/O Stuton LTD
561 1st Street
Brooklyn, NY 11215 Attn: Stuart R. Spitz, Dir. & Pres.

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.



SIGNATURE
ASSISTANT SECRETARY

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation