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WILSON INSULATION COMPANY, INC.
P.O. BOX 360323
DECATUR, GA 30036-0323

This will acknowledge receipt of your request for information concerning the withdrawal of authority of a foreign corporation that is transacting business or conducting affairs in Florida. Pursuant to section 607.1520 or 617.1520, Florida Statutes, the following requirements must be met:

- ▶ Complete the withdrawal application printed on the reverse side of this letter.
- ▶ The document must be signed by the chairman or vice chairman of the board of directors or any officer or fiduciary if appropriate (see section 607.0120 or 617.01201, Florida Statutes).
- ▶ Fees for withdrawal are:
 - \$ 35.00 Filing Fee
 - \$ 52.50 Certified Copy (optional)
 - \$ 8.75 Certificate of Status (optional)
- ▶ Send one check for the total amount made payable to the Department of State.
- ▶ Please send application to:

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

For further information, you may call (904) 487-6050.

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FILED
97 MAY -5 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Wilson Insulation Company

(Name of Corporation)

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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

PO Box 360323

(Mailing Address)

Decatur GA 30036

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


Signature


Title

Robert A. Wilson

Typed or printed name

Date