| TO: | Amendment Section        |
|-----|--------------------------|
|     | Division of Corporations |

SUBJECT: PLANT CARE CO. dba TNSCAPE SUPPLY CO.

(Name of corporation)

DOCUMENT NUMBER: F97000002623

The enclosed withdrawal application and fee are submitted for filing.

Picase return all correspondence concerning this matter to the following:

MIKE CHOATE
(Name of Person)

PLANT CARE CD.
(Firm/Company)

P. O. BOX 29407

City/State and Zip code)

For further information concerning this matter, please call:

(Name of Person)

at (214) 265-9792

(Area Code & Daytime Telephone Nuncber)

-01013--016

\*\*\*\*\*\*35.00 \*\*\*\*\*35.00

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

CUS E

withdrawal

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

|   | (Name of Corporation)  |
|---|--|
|   | TEXAS  |
|   | (Incorporated Under Laws Of)   |
| _                                       |  |
| ٤                                       | This corporation is no longer transacting business or conducting affairs within the State -  |
| <i>!</i>                                | This corporation is no longer transacting business or conducting affairs within the State cand hereby voluntarily surrenders its authority to transact business or conduct affairs in Fl                 |
|   |  |
|   | This corporation revokes the authority of its registered agent in Florida to accept service behalf and appoints the Department of State as its agent for service of process based on a                   |
|   | action arising during the time it was authorized to transact business or conduct affairs in F  |
|   |  |
| ,                                       | The following is a current mailing address for the corporation:  |
|   |  |
|   | P. 0. B&X 29407 (Mailing Address)  |
|   | (Mailing Address)  |
|   |  |
|   | DALLAS TX 75229 (City/State/Zip)   |
|   | (City/ State /Zip)   |
|   |  |
|   | N/   |
| _                                       | the Corporation agrees to notify the Denastment of State in the fitting of any change in the   |
|   | decen  |
| . 9                                     | The corporation agrees to notify the Department of State in the future of any change in its address.   |
|   | ddress.  |
|   | Variable +   |
| , · · · · · · · · · · · · · · · · · · · | Variable +   |
| •                                       | Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary. |
| , .:                                    | Variable +   |