

H61350
Frank F. Wicker

August 8, 1997

900002268329--7
-08/15/97-01062-006
*****35.00 *****35.00

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Reference: Exchange Title Company, Inc. FEI #59-2556154
14502 N. Dale Mabry
Suite 104
Tampa, FL 34618

To Whom It May Concern:

David E. Wicker, the sole officer and shareholder of The Exchange Title Company, Inc. passed away in January of 1997, and I am writing as Executor of the estate to ask that the corporation be dissolved. A certified Letter of Representation is attached, along with the appropriate dissolution form, and a check for \$35.00 to cover the dissolution fee.

Should you need additional information, you may call my agent, Lois Rhodes at 770-662-8112, or write me, c/o Sales Managers, Inc., 3865 Holcomb Bridge Rd., Norcross, GA 30092.

Yours truly,



Frank F. Wicker

lfr
Attachments

Jew
8/21

Vol. Diss.

1030 Downing Street • Alpharetta, GA 30202

97 AUG 15 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation is: Exchange Title Company, Inc.

CORP # H61350

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 8th day of August, 1997.

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

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

Frank F. Wicker

(Typed or printed name)

Executor for the Estate of David E. Wicker,
President, Exchange Title Company, Inc.

(Title)

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFIED COPYCERTIFICATE OF DEATH
FLORIDA

1a FILE NO. DECEASED'S NAME		FIRST David	MIDDLE E.	LAST Wicker	2 SEX Male
3 DATE OF DEATH (Month, Day, Year) January 20, 1997		4 SOCIAL SECURITY NUMBER 246-56-1390		5a AGE Last Birthday (years) 57	5b UNDER 1 YEAR Months Days Hours Minutes
6 DATE OF BIRTH (Month, Day, Year) July 25, 1939		7 BIRTHPLACE (City and State or Foreign Country) Charlotte		8 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes	
9a PLACE OF DEATH (Check only one. See instructions on other side) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) Wife's home.				9b INSIDE CITY LIMITS? (Yes or No) No	
9c FACILITY NAME (If not institution, give street and number) 13601 Frigate Court. #M-105		9d CITY, TOWN, OR LOCATION OF DEATH Clearwater		9e COUNTY OF DEATH Pinellas	
10a DECEASED'S USUAL OCCUPATION Owner and Operator		10b KIND OF BUSINESS/INDUSTRY Title Insurance Company	11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12 SURVIVING SPOUSE (If wid., give maiden name) Jenilynn Jewell	
13a RESIDENCE - STATE Florida	13b COUNTY Pinellas	13c CITY, TOWN, OR LOCATION Clearwater	13d STREET AND NUMBER 14757 Feather Cove Road		
13e INSIDE CITY LIMITS? (Yes or No) No	13f ZIP CODE 34622	14 WAS DECEASED OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If Yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) Specify	15 RACE - American Indian Black, White etc Specify	16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (4 or 5 +) ?	
17 FATHER'S NAME (First, Middle, Last) C. E. Wicker		18 MOTHER'S NAME (First, Middle, Maiden Surname) Dorothea Fredrickson			
19a INFORMANT'S NAME (Type or Print) Jenilynn Wicker		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13601 Frigate Court. #M-105, Clearwater, Florida 34622			
20a METHOD OF DISPOSITION Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Memorial Park Cemetery	20c LOCATION - City or Town, State St. Petersburg, Florida		
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING IN SUCH CAPACITY <i>William P. Boyd, Jr.</i>		21b LICENSE NUMBER (or Licensee) #2535	21c NAME AND ADDRESS OF FACILITY Anderson-McQueen Funeral Home 2201-9th St. N. St. Petersburg, FL 33704		
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) <i>William P. Boyd, Jr.</i>		22b. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated (Signature and Title) <i>William P. Boyd, Jr.</i>			
22c. DATE SIGNED (Mo. Day, Yr) January 22, 1997	22d. HOUR OF DEATH 10:05A	23a. DATE SIGNED (Mo. Day, Yr) ► <i>January 23, 1997</i>	23b. HOUR OF DEATH 10:05A		
22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) William P. Boyd, Jr., M.D.		23c. MEDICAL EXAMINER'S CASE # - - - - -			
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) William P. Boyd, Jr., M.D., 1099-5th Avenue North, St. Petersburg, Florida 33705					
25a. SUBREGISTRAR - SIGNATURE AND DATE ► <i>January 23, 1997</i>		25b. LOCAL REGISTRAR - SIGNATURE ► <i>January 23, 1997</i>		25c. DATE REGISTERED JAN 23, 1997	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Katherine J. Sennett
Chief Deputy Registrar, Pinellas County

issued: Jan. 23, 1997

BY

State Registrar


WARNING:
8359059

 THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK

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HRS FORM 1564 (7-98)



CERTIFICATION OF VITAL RECORD

IN THE CIRCUIT COURT FOR SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA
PROBATE DIVISION
File No. 97-754-ES
Division 004

IN RE: The Estate of
DAVID E. WICKER,

Deceased.

INST # 97-053642
FEB 26, 1997 9:42PM

LETTERS OF ADMINISTRATION

TO ALL WHOM IT MAY CONCERN

WHEREAS, DAVID E. WICKER, a resident of Pinellas County, Florida, died on January 20, 1997, owning assets in the State of Florida, and

WHEREAS, FRANK F. WICKER has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of letters of administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare FRANK F. WICKER to be duly qualified under the laws of the State of Florida to act as personal representative of the estate of DAVID E. WICKER, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribu-

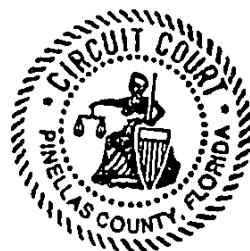
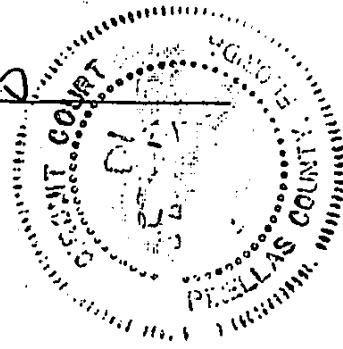
PINELLAS COUNTY FLA.
OFF. REC. BK 9621 PG 1223

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tion of the estate according to law.

ORDERED this 24 day of February, 1997.

Mell Barnes
CIRCUIT COURT JUDGE



STATE OF FLORIDA, PINELLAS COUNTY
I hereby certify that the foregoing is a true
photostatic copy as the same appears
among the files and records of this court
and the same is in full force and effect.

This 3 day of July, 19 97
KARLEEN F. De BLAKER
Clerk of Circuit Court

BY: [Signature]
Deputy Clerk

PINELLAS COUNTY FLA.
OFF. REC. BK 9621 PG 1224