

H61350
Frank F. Wicker

August 8, 1997

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

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

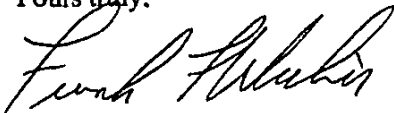
Reference: Exchange Title Company, Inc. FEI #59-2556154
14502 N. Dale Mabry
Suite 104
Tampa, FL 34618

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

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

JPL
8/21

Vol. Diss.

1030 Downing Street • Alpharetta, GA 30202

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

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

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

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

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

(voting group)

Signed this 8th day of AUGUST, 19 97

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

(Typed or printed name)

(Title)

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

1. FILE NO.		2. SEX Male	
3. DECEDENT'S NAME David E. Wicker		4. SOCIAL SECURITY NUMBER 246-56-1390	
5. DATE OF DEATH (Month, Day, Year) January 20, 1997		6. DATE OF BIRTH (Month, Day, Year) July 25, 1939	
7. BIRTHPLACE (City and State or Foreign Country) Charlotte North Carolina		8. WAS DECEDENT 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 <input type="checkbox"/> OTHER <input checked="" 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	
10a. DECEDENT'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 wife, give maiden name) Jenilyn Jewell	
13a. RESIDENCE — STATE Florida		13b. COUNTY Pinellas	
13c. CITY, TOWN, OR LOCATION Clearwater		13d. STREET AND NUMBER 14757 Feather Cove Road	
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Mexican, Cuban, Puerto Rican, etc.) No		15. RACE — American Indian, Black, White, etc. Specify White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (12) 2		17. FATHER'S NAME (First, Middle, Last) C. E. Wicker	
18. MOTHER'S NAME (First, Middle, Maiden Surname) Dorothea Fredrickson		19. 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 <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> 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		21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Margaret Queen Anderson #2535	
21b. LICENSE NUMBER (of 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) William Boyd Jr. M.D.		22b. DATE SIGNED (Mo., Day, Yr.) January 22, 1997	
22c. HOUR OF DEATH 10:05A		22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) William P. Boyd, Jr., M.D., 1099-5th Avenue North, St. Petersburg, Florida 33705	
23a. SUBREGISTRAR — SIGNATURE AND DATE T. Lemuel Alushelli		23b. LOCAL REGISTRAR — SIGNATURE T. Lemuel Alushelli	
23c. DATE REGISTERED JAN 33 1997		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	

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

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

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

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 representa-
tive 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-

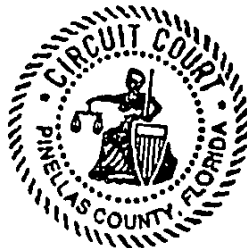
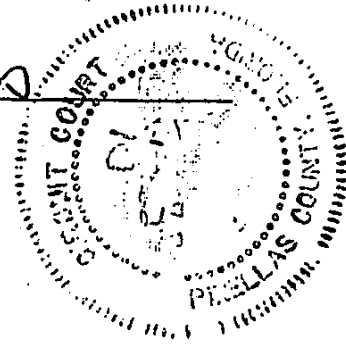
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97 FEB 25 11:51 AM
ST. PETERSBURG
KARLENE E. WICKER
CLERK

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

tion of the estate according to law.

ORDERED this 24 day of February, 1997.

Will Thomas
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. DeBLAKER
Clerk of Circuit Court

BY: [Signature]
Deputy Clerk

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