

# J 4 13 6

## STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: DAVE CAMP-ELECTRIC INC. EIN or SS#: 59-2736962

Address: 6928 WOOD PLACE  
PANAMA CITY FL 32404

Amount: \$165.00 Date Paid \_\_\_\_\_

Reason for claim: Corp dissolved - no AR required, 344346  
SP7 5-12-97

Certified true and correct this 13 day of May, 19 97.

Signature David M. Capps

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

| For Agency Use Only                                                                                             |                                               |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Agency recommends approval of above claim and submits the following information to substantiate the claim:      | Amount of recommended refund \$ <u>165.00</u> |
| The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on |                                               |
| State Treasurer's Receipt No. <u>963681026</u> dated <u>05-06-97</u>                                            |                                               |
| Name of Account _____                                                                                           |                                               |
| 45202130001453000000000010000                                                                                   |                                               |
| Statutory Authority for Collection <u>607</u>                                                                   |                                               |
| It is requested that payment be made from the following account:                                                |                                               |
| NAME OF ACCOUNT _____                                                                                           |                                               |
| 452021300014530000000022002000                                                                                  |                                               |
| Certified true and correct this _____ day of _____, 19 _____                                                    |                                               |
| Department of State, Division of Corporations _____                                                             |                                               |
| (Agency)                                                                                                        | (Authorized Signature and Title)              |