## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED Apr 26, 2006 8:00 am Secretary of State

Daytime Phone #

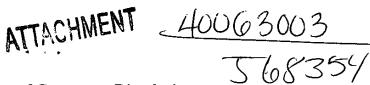
DOCUMENT # J68354  1. Entity Name SEMINOLE INVESTMENTS OF CHIPLEY, INC.						04-26-2006	90189 02	5 ***15	0.00	
Principal Place of Business HARDEE'S OF CHIPLEY 1212 MAIN STREET CHIPLEY, FL 32428		Mailing Address 2105 S. WAUKESHA ST. BONIFAY, FL 32425				10063003	. 4	12111 <b>1</b> 3114 <b>1</b> 11111	<b>F1</b> (       ) <b>11</b> (	
	lace of Business  Box 6/0 #, etc.	Nailing Address P.o. Box 610  Suite, Apt. #, etc.		04052006	Chg-P	CR2E034				
City & State	fay Fl	City & State	FL		4. FEI Numbi 59-281			<u> </u>	olied For Applicable	
324a	Country	Zip 32425	Coun	try	1	of Status Desired		8.75 Add	itional	
00.70.	6. Name and Address of Current F		7. Name and Address of New Registered Agent Name							
MANUEŁ, JOHN F. 415 S. WAUKESHA STREET BONIFAY, FL 32425				Street Address (P.O. Box Number is Not Acceptable)						
201111111,										
0 Thurston				City			FL	Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE										
<u></u>	Signature, lyped or printed name of registered agent a	nd title if applicable. (NOTE	Registere	d Agent signature required	d when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0		.00 May Be led to Fees							
TITLE	OFFICERS AND DVP	DIRECTORS  Delete	11. IIIL	.	ADDITIONS	CHANGES TO OFF		DIRECTORS  Change	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	MANUEL, JOHN F. 415 S WAUKESHA ST BONIFAY, FL 32425	LI Deleac	NAM STRE				'	Griange	E Addition	
TITLE NAME STREET ADDRESS	DP DURANT, DENNIS 3264 DURANT DRIVE	☐ Delete		EET ADDRESS				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BONIFAY, FL 32425	☐ Delete	TITE! NAM STRE	1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete						Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empreered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.										

## ATTACHMENT 40063003 ARTICLES OF DISSOLUTION 568354

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

FIRST:	The name of the corporation as currently filed with the Florida Department of State:							
	Durman Corporation							
SECOND:	The document number of the corporation (if known): L70055							
THIRD:	The date dissolution was authorized: April 10, 2006							
	Effective date of dissolution <u>if applicable:</u> April 10, 2006  (no more than 90 days after dissolution file date)							
FOURTH:	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 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							
	Davis Sulfaction (voting group)							
	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)							
	Dennis DuRant							
	(Typed or printed name of person signing)							
	Director							
	(Title of nerson signing)							

Filing Fee: \$35



## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Durman Corporation Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Date service provided or date goods delivered. Address goods delivered to. Name of authorized agent that ordered goods or services and that accepted delivery of goods or services. Detailed breakdown of total cost of goods or services. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) **Durman Corporation** Attn: Dennis DuRant P. O. Box 610 Bonifay, FL 32425 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. **Dennis DuRant** 

Printed Name of the Person Filing