

# K55839

March 31, 1997

Fla. Dept. of State  
Div. of Corp.

600002129746--4  
-04/01/97--01041--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

(if known):

Enclosed ARE the form for  
dissolution of the corp. and filing  
fee of \$35.00 for C. TARNAY INC.,  
P.O. Box 425, Hawthorne, FL 32640  
Tel. 352-481-4194

Charles Tarnay  
Pres.

FILED  
67 APR -1 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Voldis

VS APR 4 1997

## ARTICLES OF DISSOLUTION

**FILED**  
97 APR -1 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

FIRST: The name of the corporation is: C. TARNAY INC.

SECOND: The date dissolution was authorized: 3/14/97

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 14<sup>th</sup> day of March, 19 97.

Signature

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

Charles TARNAY  
(Typed or printed name)

President  
(Title)

# 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: CUSTOM ALARM CONTRACTORS, INC. EIN or SS#: 65-0091556

Address: P.O. BOX 70012  
FT LAUDERDALE, FL. 33307

Amount: \$165.00 Date Paid 02-12-1997

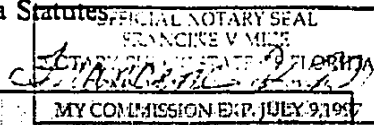
Reason for claim: DUPLICATE 1997 ANNUAL REPORT FILINGS

Document Number K59140

Certified true and correct this 19 day of March, 19 97.

Signature X [Signature]

\* 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 \$ 165.00

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 01123-031 dated 02-12-97

Name of Account

4520213000145300000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT

45202130001453000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Department of State, Division of Corporations

(Agency)

(Authorized Signature and Title)