TATE OF FLORIDA OFFICE OF THE COMPTROLL R APPLICATION FOR REFUND

the Comptroller, except as otherwise provided, erein, within 3 sear lafter the light to such refund shall be filed with the Comptroller, except as otherwise provided, erein, within 3 sear lafter the light to such refund shall have accused else such right shall be barred. Three years i generally into price as meeting three years from the date of payment into the State treasury. The Comptroller has delegated the authority to account the date of payment 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: Jean Gurzenda / International System Solution EIN or SS#: 59-2988182 | |
|---|--------------|
| Address: 2814 W. 15th Street, Ste. 1 | |
| Panama City, FL 32401-1368 | |
| Amount: \$385.00 Date Paid 07-23-97 | |
| Reason for claim: Overpayment of annual report fees. | _ |
| | _ |
| #L41762 A.Alan, Reins | tatement |
| Certified true and correct this 28 day of AUGUST, 1997 | _• |
| Signature Kan Durnerda Bookkeeper. | |
| * 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 \$ 385.00 | |
| The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited of | |
| State Treasurer's Receipt No. 97.992-009 dated 1.07-23-97 | |
| Name of Account | |
| 452021300014530000000000000000000000000000000 | |
| Statutory Authority for Collection 607 | |
| It is requested that payment be made from the following account: | |
| NAME OF ACCOUNT: | |
| 4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 2 2 0 0 0 0 0 0 0 0 0 0 | |
| Certified true and correct this | |
| | |
| Department of State: Division of Corporations (passesses and state of the passes of t | |