

# L70300

PAUL THANASIDES  
803 WOODLAND RIDGE DR.  
TAMPA, FL 33637

City/State/Zip

Phone #

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ 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 checked="" 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

700002791527-4  
-03/02/99-01001-009  
\*\*\*\*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
99 MAR -1 PM 3:06

MAR 1 1999

Examiner's Initials

TUE



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 2, 1999

PAUL THANASIDES  
9303 WOODLAND RIDGE DRIVE  
TAMPA, FL 33637

SUBJECT: FLOCON ASSOCIATES, INC.  
Ref. Number: L70300

We have received your document for FLOCON ASSOCIATES, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis  
Corporate Specialist Supervisor

Letter Number: 499A00004515

RECEIVED  
99 MAR -1 PM 1:43  
DIVISION OF CORPORATIONS

## ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation is: FLOCON Associates, Inc.

SECOND: The date dissolution was authorized: 12/31/98

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 31 day of December, 19 98.

Signature

Paul Thanasides

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

Paul Thanasides

(Typed or printed name)

President

(Title)

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99 MAR -1 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA