



## DRAGON ENVIRONMENTAL CORPORATION

903 WEST THIRD STREET, SANFORD, FLORIDA 32771

P.O. BOX 471268, LAKE MONROE, FL 32747-1268

TEL: (407) 330-3900 FAX: (407) 330-7755

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M92329

February 20, 1997

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

DP 2/24/97  
A/C

Reference: Settled Solids Consultants  
M92329

Dear Sir/Madam:

In keeping with your correspondence of September 10, 1996, enclosed please find the completed "refund application". As such, we would appreciate your processing this matter for a refund. Please note the change of address for the principal place of business:

903 West Third Street  
Sanford, Florida 32771

Thank you for your assistance in this matter.

Sincerely,

DRAGON ENVIRONMENTAL CORPORATION

Terrie L. Notter  
Executive Assistant

Enc

M92329

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: DRAGON ENVIRONMENTAL CORPORATION EIN or SS#: 59-3321364

Address: 903 W. 3<sup>RD</sup> ST.  
SANFORD, FL 32771

Amount: 225 Date Paid 8-13-96

Reason for claim: M92329- duplicate filing  
of the AR

Certified true and correct this 19<sup>TH</sup> day of FEBRUARY, 19 97.

Signature [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 \$ 225.

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 97178 dated 8-13-96.

Name of Account 4520213000145300000000010000

Statutory Authority for Collection 607

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

NAME OF ACCOUNT: 4520213000145300000022002000

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

Department of State, Division of Corporations  
(Agency)

(Authorized Signature and Title)