7 FIANCO FLORIDA 3 9 11 OFFICION 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

*, 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. THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY. Name: Robert L. Karshner _____ EIN or SS#: ____ Address: 14499 N. Dale Mabry Hwy., Ste. 270_____ Tampa, FL 33618_ _____ Amount: \$103.75 Date Paid: Reason for Claim: Filed in error as a profit. Paid annual report fee for a profit com. Request refund of overpayment. SOUTHEAST HEALTH & RACQUET SPORTS ASSOCIATION, INC. N97000003911. S. Tala/New Filings Certified true and correct this ______day of _______, 19 ______. Signature _____ Must be completed if authority is other than Section 215.26, Florida Statutes. Do Not Write in This Box - For Agency Use Only Agency recommends approval of above clam and submits the following information to substantiate the claim: Amount of recommended refund \$ 103.75 The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 92499 042 dated 03/03/97 . NAME OF ACCOUNT: _ 45202130001453000000000010000 Statutory Authority for Collection 607.0122 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 (Authorized Agency Signature and Title) (Agency)