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SLURUTARY OF STATE
ALLAHASSEE, FLORIDA

Dissolution w/Notice

Office Use Only

T BROWN JAN 1 8 2006

COVER LETTER

Division of Corporations
SUBJECT: GIBSON TRANSPORT, INC
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jay J. Gibson (Name of Contact Person)
(Timine of Solitate Felson)
(Firm/Company)
67 Lantana DR.
(Address)
De Bdry, FL 327/3 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (386) 668-1653 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & \$\bigcup \$43.75 Filing Fee & \$\bigcup \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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 as currently filed with the Florida Department of	of State:	
	GIBSON TRANSPORT, INC.		
SECOND:	DULUMA	<u>0403 </u>	
THIRD:	The date dissolution was authorized: 12/3105		2
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	n file date)	چ ر
FOURTH:	Adoption of Dissolution (CHECK ONE)	ASSK PSSK	
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution	**
	Dissolution was approved by of the shareholders through voting groups.	• •	
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by		
		ALL 8	
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the lands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing)	O6 JAN 10 PM 12: 00 SLURETARY OF STATE ALLAHASSEE, FLORIDA	ロニエコ
	(Title of person signing)	-	

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: 6/BSON TRANSPORT, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Proper and Legal Justification for claim
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
6/ Centera Dr
De Bary, FL 32713
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.