P02000067955

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATION DISOLUTION

DOCUMENT NUMBER: P02000067955

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John C. CRAWford
(Name of Person)

DJC OF JAX, INCOPERATED
(Name of Firm/Company)

5667 SWAMP FOX Rd
(Address)

JACKSONVille, FL. 32210
(City/State/and Zip Code)

For further information concerning this matter, please call:

John C CRAWford at (904) 771-9185
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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DIVISION OF CORPORATIONS
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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 Department of State:

DJC OF JAX, INCORPERATED

SECOND: The document number of the corporation (if known): P02000067955

THIRD: The date dissolution was authorized: DEC 31, 2004

Effective date of dissolution if applicable: DEC 31, 2004
(no more than 90 days after dissolution file date)

FOURTH: 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 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

SOLE SHAREHOLDER DIED - DEATH CERTIFICATE ATTACHED
(voting group)

Signed this 7 day of JAN 2005.

Signature: John C Crawford
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

JOHN C CRAWFORD
(Typed or printed name of person signing)

SECRETARY/ TREASURER
(Title of person signing)

Filing Fee: $35

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH

LOCAL FILE NO. 0

FLORIDA

1. DECEDENT'S NAME	FIRST	MIDDLE	LAST	2. SEX
	Donna	Jean	Crawford	Female

3. DATE OF DEATH (Month, Day, Year)	4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (years)	5b. UNDER 1 YEAR: Months	Days	5c. UNDER 1 Day: Hours	Minutes
April 12, 2004	422-80-1485	47				

6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
December 8, 1956	Jacksonville, Florida	NO

9a. PLACE OF DEATH (Check only one; see instructions on other side)	9b. INSIDE CITY LIMITS? (Yes or No)
HOSPITAL: Inpatient ER/Outpatient DOA; OTHER: Nursing Home X Residence Other (Specify)	Yes

9c. FACILITY NAME (If not 'institution, give street and number)	9d. CITY, TOWN, OR LOCATION OF DEATH	9e. COUNTY OF DEATH
5667 Swamp Fox Road	Jacksonville	Duval

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
Homemaker	Own Home	Married	John Charles Crawford

13a. RESIDENCE – STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Florida	Duval	Jacksonville	5667 Swamp Fox Road

13e. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes – If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)	15. RACE – American Indian, Black, White, etc. Specify:	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 - 12)	College (1 - 4 or 5+)
Yes	32210	X No Specify:	White	12	

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Donald Hatcher	Jean Swanner

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
John Charles Crawford	5667 Swamp Fox Road, Jacksonville, Florida 32210

20a. METHOD OF DISPOSITION: Burial X, Cremation, Removal from State, Donation, Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION – City or Town, State
Burial	Riverside Memorial Park	Jacksonville, Florida

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (of Licensee)	21c. NAME AND ADDRESS OF FACILITY
[signature]	925 / 750	Hardage-Giddens Funeral Home, 5753 Blanding Boulevard, Jacksonville, Florida 32244

To be Completed by CERTIFYING PHYSICIAN Only	22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) ▶ William F. Finan Jr. D.O.	23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) ▶	To be Completed by MEDICAL EXAMINER
	22b. DATE SIGNED (Mo., Day, Yr.) 4-19-04	23b. DATE SIGNED (Mo., Day, Yr.)	
	22c. HOUR OF DEATH 8:00 A.M	23c. HOUR OF DEATH	
	22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) WILLIAM F. FINAN, JR., D.O.	23d. MEDICAL EXAMINER'S CASE #	

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Dr. William Finan 6671 Hyde Grove Avenue, Jacksonville, Florida 32210

25a. SUBREGISTRAR – SIGNATURE AND DATE	25b. LOCAL REGISTRAR – SIGNATURE	25c. DATE REGISTERED
	[signature]	APR 20 2004

VOID IF ALTERED OR ERASED

CONFIDENTIAL INFORMATION

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

MAY 12, 2004

BY [signature] State Registrar

Deputy Registrar

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

D1037521

DOR FORM 1947 (10/03)

FLORIDA DEPARTMENT OF HEALTH