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(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies		s of Status
Special Instructions to		
		

Office Use Only



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COVER LETTER

TO: Amendment Section **Division of Corporations** DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) FISH TRANSPO FNC
(Firm/Company)

1615 FLORIDA AVENUE
(Address) PANA MA CITY FL 32405-4636 (City/State and Zip Code) For further information concerning this matter, please call: MICHAEL MacLAREN at (850) 832 - 7/17

(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$35 Filing Fee \$\infty\$\$\\$43.75 Filing Fee & \$\sum\$\$\$\\$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submit

articles of dissolution:

, FILED

FIRST: The name of the corporation as currently filed with the Florida Department of State; FISH TRANSPO INC The document number of the corporation (if known): PO 3 0000 903 5 SECOND: The file date of the articles of incorporation: 1/24/2003THIRD: FOURTH: (CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. SEVENTH: Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. Signature: (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.) MICHINEL Mach AREN

(Typed or printed name of person signing) President
(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: FISH TRANSPO, 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:
Corporate Dissolution 2-13-7
Corporate Dissolution 2-13-7
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
FISH TRANSPO, INC.
1615 FLORIDA AVENDE
PANAMA CITY FL 32405-4636
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
MICHAEL MacLAREN Printed Name of the Person Filing Signature of the Person Filing
Printed Name of the Person Filing Signature of the Person Filing