

P030000067658

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

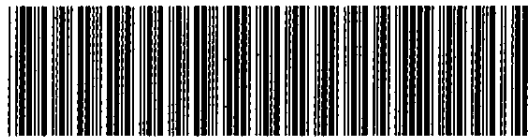
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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200120712112

03/21/08--01022--012 \*\*35.00

FILED  
2008 MAR 21 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dissolution w/Notice

TB 3-25-08

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DISSOLUTION OF 'CLYDE CUT AND COLORS INC.'

DOCUMENT NUMBER: P03000067658

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

Please return all correspondence concerning this matter to the following:

CLYDE E. SMITH

(Name of Contact Person)

NONE

(Firm/Company)

P.O. BOX 40124

(Address)

JACKSONVILLE FLORIDA 32203-0124

(City/State and Zip Code)

For further information concerning this matter, please call:

CLYDE E. SMITH

(Name of Contact Person)

at (904) 477-9173

(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, FL 32314

STREET ADDRESS:

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CHECK # 1261 ENCLOSED FOR \$ 35.00

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 State:

CLYDES CUT AND COLORS INC.

SECOND: The document number of the corporation (if known): PO3000067658

THIRD: The file date the articles of incorporation: June 18, 2003

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: \_\_\_\_\_

Clyde E. Smith

(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.)

CLYDE E. SMITH

(Typed or printed name of person signing)

OWNER - PRESIDENT

(Title of Person Signing)

FILED  
2008 MAR 21 PM 2:27  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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: CLYDES CUT AND COLORS INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

- ① ANY AND ALL INVOICE NUMBERS, BILL DATES  
AND AMOUNTS OF SAID CLAIM.
- ② NAME AND ADDRESS OF SAID CLAIMANT.
- ③ CONTACT PERSON AND PHONE NUMBER OF  
SAID CLAIMANTS REPRESENTATIVE,

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

C. E. SMITH  
P.O. BOX 40124  
JACKSONVILLE, FLORIDA  
32203-0124

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.

CLYDE E. SMITH  
Printed Name of the Person Filing

Clyde E. Smith  
Signature of the Person Filing