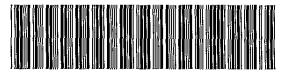
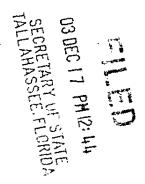
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Office Use Only



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VOIDIS W NOTICE

VOIDIS W NOTICE

DJR & ASSOCIATES, INC. 9926 BEACH BLVD SUITE 3025 JACKSONVILLE, FL 32246 (904) 613-2676

November 14, 2003

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Dissolution of Corporation

Enclosed are the Minutes of the Shareholders' Special Meeting, the Plan of Liquidation, and Shareholders' Consent to Dissolve DJR & Associates, Inc. A copy of IRS Form 966 is also enclosed.

A check, payable to the Secretary of State, in the amount of \$35.00 is enclosed.

Yours truly,

Dennis C. Graybush

President



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 9, 2003

DENNIS C. GRAYBUSH DJR & ASSOCIATES, INC. 9926 BEACH BLVD., SUITE 3025 JACKSONVILLE, FL 32246

SUBJECT: DJR & ASSOCIATES, INC.

Ref. Number: P03000068477

We have received your document for DJR & ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MINUTES ARE NOT FILED WITH THE DIVISION OF CORPORATIONS. PLEASE SUBMIT ARTICLES OF DISSOLUTION. SEE ENCLOSED FORM.

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist

Letter Number: 503A00066047

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TRANSMITTAL LETTER

TO: Amendment Section

Tallahassee, Florida 32314

Division of Corporations							
SUBJECT: DISSOLUTION OF: DSR + ASSOCIATES INC							
DOCUMENT NUMBER:							
The enclosed Articles of Dissolution and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
DENNIS C. BRAURUSH							
DENNIS C GRAYBUSH (Name of Person)							
DER NACCONINTION THE							
DJR & ASSOCIATES INC. (Name of Firm/Company)							
9926 BEACH BLVO SVITE 325 (Address)							
(Address)							
Dekendulles FL 32246							
TROKSONVILLE FL 32246 (City/State/and Zip Code)							
For further information concerning this matter, please call:							
DENNIS GROYBUSH at (904) 613-2676 (Name of Person) (Area Code & Daytime Telephone Number							
(Name of Person) (Area Code & Daytime Telephone Number	r)						
Enclosed is a check for the following amount:							
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee,							
Certificate of Status Certified Copy Certificate of Status &							
ALREADY SUBMITTED (Additional copy is enclosed) (Additional copy is enclosed) (Additional copy is enclosed)							
MAILING ADDRESS: STREET ADDRESS:							
Amendment Section Amendment Section							
Division of Corporations Division of Corporations Division of Corporations							
P.O. Box 6327 409 E. Gaines Street	409 E. Gaines Street						

Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	TRST: The name of the corporation as currently filed with Department of State:						
	DSRYASSOCIATES INC						
SECOND:	The document number of the corporation (if known):						
THIRD:	The file date of the articles of incorporation was: 6/19/03						
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:	No debt of the corporation remains unpaid. 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.						
	Signed this						
S	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.)						
	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:	JRYASSOCIA	TES	·	<u> </u>
Date of dissolution will be the specified in the Articles of D.		filed with the Dep	partment of State	e or as
Description of information th	at must be included in a	claim:		
		<u> </u>	<u>. •</u>	 ·`
	<u>i- , </u>		<u> </u>	
		<u> </u>		<u> </u>
	<u></u>		<u>. </u>	<u>=:54:</u> `\$
Mailing address where claim 168	KSONUILLE	KS PR V	ν. 	s.
	50085			
		<u></u>	`_` _	
A claim against the above na is commenced within 4 years			roceeding to en	force the claim
Printed Name of the Pers	TRAYBUSK on Filing	Signar	ure of the Person F	Tiling