

PO30000 74152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

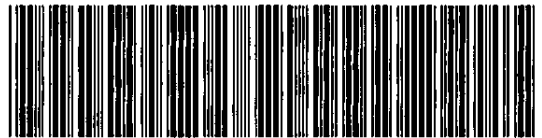
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

4,910



700173375477

04/08/10--01015--002 **35.00

FILED
2010 APR -8 AM 7:24
TALLAHASSEE, FLORIDA

D.S. 9
[Signature]

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

HIGH TIME DEVELOPMENT COMPANY INC

SECOND: The document number of the corporation (if known): P03000074952

THIRD: The file date of the articles of incorporation: July 9, 2003

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**

(Note: Cannot be authorized by an incorporator if the corporation has directors)

☒ The dissolution was authorized by a majority of the directors:
OR

☐ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

Signature: 

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

H. Dale Herring

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

RECEIVED
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

2010 APR -8 AM 7:24

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution on High Time Development Company Inc

DOCUMENT NUMBER: P03000074952

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

Please return all correspondence concerning this matter to the following:

H. Dale Herring

(Name of Contact Person)

(Firm/Company)

Po Box 985

(Address)

Old Town, florida 32680

(City/State and Zip Code)

For further information concerning this matter, please call:

Lois Litchfield

(Name of Contact Person)

at (352) 542 7835

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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