

PD3000110717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

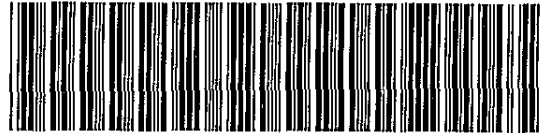
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/03--01042--017 **35.00

FILED
03 OCT 17 AM 11:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

10/21/03



Mr. Auto
INSURANCE, INC.

2515 S. Atlantic Ave., Suite 203 • Cocoa Beach, FL 32931

(407) 783-4220 • FAX (407) 868-1016

★ CORPORATE OFFICES ★

TOM VEAL
PRESIDENT

October 14, 2003

Fla. Dept. of State
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, Fla.
32314

Filing Fee \$35.00

Dear Sirs:

Please process the Articles of Dissolution and forward to the
above address. Enclosed is a recording fee.

1. Existing Name: COLONIAL TOURING, INC.
2. Date of Dissolution October 14, 2003.

Thank you,

Tom Veal

DECLASSIFIED

DEPT. OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: COLONIAL TOURING, INC.

Filed 10-6-03

SECOND: The date dissolution was authorized: October 14, 2003

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

(voting group)

Signed this 14 day of October, 2003

Signature

(By the Chairman or Vice Chairman of the Board, President, or other officer)

(Typed or printed name)

(Title)