904000092925

(Req	uestor's Name)	. ,
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	<i>⇒ #</i>)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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H2O Enterprises of NW Florida, Inc.

David McCroan, President 2642 R Canal Avenue Panama City, FL 32405 (850)527-8172

December 1, 2005

Amendment Section State of Corporations PO Box 6327 Tallahassee, FL 32314

RE: H2O Enterprises of NW Florida, Inc. P04000092925

A special meeting of the Board took place today at 2642 R Canal Ave., Panama City, Fl 32405. I am the sole member. As President, I am dissolving the Corporation as of December 31, 2005. There will be no further transactions of any kind made by the Corporation as of said date. All filings will be completed pertaining to the dissolution of the Corporation.

Please feel free to contact me if you should have any questions.

Respectfully,

David McCroan, President

B 15 M 8: 00



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2007

DAVID MCCROAN H2O ENTERPRISES OF NW FLORIDA, INC. 2642 R CANAL AVENUE PANAMA CITY, FL 32405

SUBJECT: H2O ENTERPRISES OF NW FLORIDA, INC.

Ref. Number: P04000092925

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

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

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

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

Karen Gibson Document Specialist Supervisor

Letter Number: 607A00011368

FILE 27 M 8: 00
OT FEE 27 M 8: 00

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLUTION of CORPORATION
DOCUMENT NUMBER: <u>P0400092925</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAVID B McCROAN (Name of Contact Person)
H20 Enterpeists of NW FLORIDA, INC. (Firm/Company)
2642 R CANAL AVENUE
Panama City FL 32405 (City/State and Zip Code)
For further information concerning this matter, please call:
. or the man parameter control and manners, prompt control and an arrangement of the control and arrangement of the control arrangement of the control and arrangement of the control and arrangement of the control and arrangement of the control arrangement of th
Name of Contact Person) at (850) 527-8172 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
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MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

*Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following article on:	:s
FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	420 Enterprises of NWTLORIDA, INC	
SECOND:	The document number of the corporation (if known): Po40000 92925	
THIRD:	The date dissolution was authorized:	-
-	Effective date of dissolution if applicable: Dec 31, 2005 (no more than 90 days after dissolution file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.	Į.
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:	
	The number of votes cast for dissolution was sufficient for approval by	FILED
	Shareholder (voting group)	: :
	(voting group)	r r r
:	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)	
	David B McCPoan (Typed or printed name of person signing)	÷
	Trues (Title of person signing) (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: HZO ENTERPRISES of NW FLERIDA, 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:

DATE OF SERVICE

Amount of SERVICES PROVIDED

SERVICE PROVIDER Employer Identification No.

NAME I Number of Contact Pelson

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

PANAMA CITY, Fr. 32405

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.

David B McCroan Persident

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00