P04000113425

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of Doc's	Fort, Inc.
DOCUMENT NUMBER: <u>P040001/3425</u>	
The enclosed Articles of Dissolution and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
Jerry B. Shell (Name of Contact Person)	
(Name of Contact Person)	
(Firm/Company)	
• • •	
2409 13th 5th, W, #7 (Address)	
Breedenton, 12 34205 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Jerry B. Stell at (941 (Name of Contact Person) (Area C	Ode & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing I Certified Copy (Additional copenciosed)	Certificate of Status &
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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:
	Doc's Fort, Inc.
SECOND:	The document number of the corporation (if known): P04000113425
THIRD:	The date dissolution was authorized: $\frac{2/27/06}{}$
	Effective date of dissolution if applicable: 427/06 (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.
	Dissolution was approved by of 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
	(voting group)
	Signature: (By a director, president of 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)
	CTIBE OF DEISON SIMBLE

Filing Fee: \$35