## P05000096365

| (Requestor's Name)                      |
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|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
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| Consideration to Ellino Office          |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |         |
|--|---------|
| SUBJECT: Articles of Dissolution   |         |
| DOCUMENT NUMBER: POS 0000 94345  |         |
| The enclosed Articles of Dissolution and fee are submitted for filing.   |         |
| Please return all correspondence concerning this matter to the following:  |         |
| Richard J. Sawyer (Name of Contact Person)   |         |
| Hydrographic Information Services, Inc. (Firm/Company)   |         |
| 10 βox 6428 = 3  | å       |
| (Address)  | 7       |
| Jacksonville, FC 32236-6428 55 5   |         |
| (City/State and Zip Code)  | ñ       |
| Address)  AAA  (Address)  TacksonVille FC 32236-6428  (City/State and Zip Code)  For further information concerning this matter, please call:  | 3       |
| Richard T. Sawyer at (904) 219-4038  (Name of Contact Person) (Area Code & Daytime Telephone Number)   | <u></u> |
| Enclosed is a check for the following amount:  |         |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) |         |
| MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section  |         |

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle



May 11, 2010

RICHARD J. SAWYER HYDROGRAPHIC INFORMATION SERVICES, INC. P. O. BOX 6428 JACKSONVILLE, FL 32236-6428

SUBJECT: HYDROGRAPHIC INFORMATION SERVICES, INC.

Ref. Number: P05000096365

We have received your document for HYDROGRAPHIC INFORMATION SERVICES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 810A00011867

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:   |  |
|--|--|--|
|  | Hydrographic Frommation Services, Inc.   |  |
| SECOND:  | The document number of the corporation (if known): \$\frac{P0500096365}{}\$  |  |
| THIRD:   | The file date of the articles of incorporation: $07/08/2005$   |  |
| FOURTH:  | (CHECK AT LEAST ONE BOX)   |  |
|  | None of the corporation has not commenced business   |  |
|  | The corporation has not commenced business.  |  |
| FIFTH:   | No debt of the corporation remains unpaid.   |  |
| SIXTH:   | 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.  |  |
|  |  |  |
| 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 persont signing)   |  |
|  | (Title of Person Signing)  |  |

Filing Fee: \$35