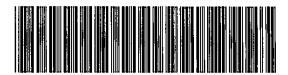
## P05609

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: RICHMARK, INC.
(Name of Corporation)
DOCUMENT NUMBER: P05609
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DONALD W. COX, CONTROLLER
(Name of Person)
RICHMARK, INC.
(Firm/Company)
PO BOX 15249
(Address)
PANAMA CITY, FL 32406-5249
(City/State and Zip code)
For further information concerning this matter, please call:
DONALD W. COX at (850 )624-2513
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the amount:
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is Enclosed)  \$50.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations  STREET ADDRESS: Amendment Section Division of Corporations

2661 Executive Center Circle

Tallahassee, FL. 32301

P.O. Box 6327

Tallahassee, FL.32314



## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

RICHMARK, INC.	
(Name of Corporation)	
P05609	
(Document Number of Corporation (if	known)
ALABAMA	
(Incorporated Under Laws of	
This corporation is no longer transacting business or conducting affivoluntarily surrenders its authority to transact business or conduct af	fairs in Florida.
This corporation revokes the authority of its registered agent in F appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in F	based on a cause of action arising during
The following is a current mailing address for the corporation:	FILED PH
PO BOX 15249	E P
(Mailing Address)	3: 03
PANAMA CITY, FL 32406-5249	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future	e of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
DONALD W. COX	TREASURER/CONTROLLER
(Typed or printed name of person signing)	(Title of person signing)