P28521

•	
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SECRETARY OF STATE

withdrawal

TRANSMITTAL LETTER

-	endment Section ision of Corporations			
SUBJECT:	MID-CONTINENT PLA	INTATION INC	•	
DODGE CI.	·	e of corporation)		
DOCUME	NT NUMBER: P2852	<u> </u>		
The enclose	d withdrawal application and	fee are submitted	for filing.	
	n all correspondence concernin e following:	g this		
	Lynne K. Bagear	d, V.P.		
		(Name of Person	a)	
	AFI, Inc.			
(Firm/Company)				
POBox 261825				
(Address)				
	Tampa, FL 33685	\$		
(City/State and Zip code)				
For further	information concerning this ma	tter, please call:		
Lynne	e K. Bageard	at (813	882-9533	
	(Name of Person)	(Are	a Code & Daytime Telephone Number)	
	STREET ADDRESS: Amendment Section Division of Corporations		MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	
	409 E. Gaines St.		r,Q. DOX 0341	

Tallahassee, FL. 32314

Tallahassee, FL. 32399

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

MID-CONTINENT PLANTATION, INC	₹
(Name of Corporation)	
P28521	known) ARCO PROPERTY OF STATE
(Document Number of Corporation (if	known)
DELAWARE	Server 2
(Incorporated Under Laws of)	FLORIE
This corporation is no longer transacting business or conducting affa voluntarily surrenders its authority to transact business or conduct affa	
This corporation revokes the authority of its registered agent in Fl appoints the Department of State as its agent for service of process ba time it was authorized to transact business or conduct affairs in Florida	sed on a cause of action arising during th
The following is a current mailing address for the corporation:	
PO BOX 261825, TAMPA, FL 33685	
(Mailing Address)	
TAMPA, FL 33685	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future	of any change in its mailing address.
IX Box	April 27, 2004
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Lynne K. Bageard	Vice-President
(Typed or printed name of person signing)	(Title of person Signing)

FILING FEE \$35