P30668

Requestor's Name

500002869275--9 -05/10/99--01092--015 *****35.00 *****35.00



P.O. Box 6248

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Rock Island, Illinois 61204-6248 CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) (Corporation Name) (Document #) Certified Copy Pick up time ☐ Walk in ☐ Will wait Photocopy Certificate of Status Mail out

NEW FILINGS		
	Profit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/- QUARTITICATION:
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Withdr.

MAY 1 9 1999

Examiner's Initials

B

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

FIDLAR & CHAMBERS CO. (Name of Corporation) Towa (Incorporated Under Laws Of)
(Name of Corporation)
(Incorporated Under Laws Of)
(monposition blade Zambos)
This corporation is no longer transacting business or conducting affairs within the State of Florida
and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its
behalf and appoints the Department of State as its agent for service of process based on a cause of
action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address to which the Department of State may mail a copy of
any process against this corporation that may be served on the Department.
any process against and corporation and any of our volume and a process against and corporation and any
P 0 B0x 1348
P O BOX G 248 (Mailing Address)
ROCK ISLAND 1L 61204-6248 (City/ State /Zip)
(ody, butter, Lap)
The corporation agrees to notify the Department of State in the future of any change in its mailing
address.
Signature of the phairman or vice chairman of the board, TREASURER Title
Signature of the chairman or vice chairman of the board, Title
president, or any officer.
KIRBY L. 2AM 5-6-99 Typed or printed name Date
Typed or printed name Date