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LAW OFFICE OF CAROL L. GRANT  
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City/State/Zip

Phone #

800003117188--9  
-02/01/00--01014--003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- 1. \_\_\_\_\_  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 00 JAN 31 AM 9:08  
**FILED**

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
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- Photocopy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

*DISS  
2-10-00  
RGS*

**AMENDMENTS**

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

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

**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 is: A & B Truck  
Repair Inc.

SECOND: The date dissolution was authorized: 1-25-00

THIRD: 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 vote 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)

Signed this 25 day of January, 19 2000.

Signature Demond L. Duncan (Personal Representative for George Duncan)  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Demond L. Duncan  
(Typed or printed name)

Personal Representative for Estate of  
(Title)  
George Duncan

SECRETARY OF STATE  
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