

P93000074551

**HOLIDAY XLITE CORP.**

545 N COUNTRY CLUB DR  
LAKE WORTH FL 33642

Phone 561-964-1487

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

March 1997  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
97 APR -7 PM 12:46  
FILED

Gentlemen:

Enclosed are the documents for dissolution of HOLIDAY XLITE CORP. If there are any questions please contact me .

Sincerely,



Thomas G. Anderson  
President

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-04/10/97-01104-003  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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DIVISION OF CORPORATIONS

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VB APR 10 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

March 24, 1997

THOMAS G. ANDERSON  
HOLIDAY XLITE CORP.  
545 N. COUNTRY CLUB DR.  
LAKE WORTH, FL 33642

SUBJECT: HOLIDAY XLITE CORP.  
Ref. Number: P93000074551

We have received your document for HOLIDAY XLITE CORP.. However, the document has not been filed and is being returned for the following:

The fee to file articles of dissolution or a certificate of withdrawal is \$35. For each certified copy requested, please add an additional \$52.50.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 897A00014750

*Enclosed is check for dissolution  
Please complete for us.*

*Thanks*

*Th. G. Anderson*

## 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: Holiday Xlite Corp

SECOND: The date dissolution was authorized: 12/30/96

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 \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Signature

(By the Chairman or Vice Chairman of the Board, President, or other officer)

Thomas G. Anderson  
(Typed or printed name)

President

(Title)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA