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SECRETARY OF STATE
SECRETARY OF STATE

10/22/08

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Adams Distribution Services, Inc.		
DOCUMENT NUMBER: P940000480	035	
The enclosed Articles of Dissolution and	fee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Cynthia McCraw		
(Name of	Contact Person)	
Sirote & Permutt, P.C.		
(Firm/Company)		
P.O. Box 55727		
(A	ddress)	
Birmingham, AL 35255-5727		
(City/Sta	ate and Zip Code)	
For further information concerning this ma	itter, please call:	
Cynthia McCraw	at (205)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	int:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	▼\$43.75 Filing Fee & □\$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submitting of the section of
oi aissoian	SECRETARY OF STATE TALLAHASSEE. FLORIDA
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Adams Distribution Services, Inc.
SECOND:	The document number of the corporation (if known): P94000048035
THIRD:	The date dissolution was authorized: 6/23/1994
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
FOURTH:	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 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)
	Signature:
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Carl Adams, III
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

	submitted by the dissolved corporation named below for resolution of payment of unknown claims poration as provided in s. 607.1407, F.S.
This " <i>Notice o</i> j	f Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corpo	oration: Adams Distribution Services, Inc.
	ation will be the date the dissolution is filed with the Department of State or as Articles of Dissolution.
Description of	information that must be included in a claim:
Such claim	should set forth the name of the claimant, the address and telephone
number of t	the claimant, the nature of the claim, including, but not limited to, all facts
supporting	the claim and the date such claim arose.
Mailing addres	s where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	Attention: Carl Adams, III
	300 Union Hill Drive, Suite 300
	Birmingham, AL 35209
	t the above named corporation will be barred unless a proceeding to enforce the claim is commenced after the filing of this notice.
Carl Adams	s, III
	Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00