

P9500053620

OVERSTREET & OVERSTREET

ATTORNEYS AT LAW
475 HARRISON AVENUE, SUITE 101
PANAMA CITY, FLORIDA 32401
(904) 913-1050
FAX (904) 913-1056

95 JUL -7 AM 11:38
RECEIVED
TALLAHASSEE, FLORIDA

Michael C. Overstreet*
Deborah M. Overstreet

Also licensed in the
District of Columbia
*Certified Civil
Court Mediator

July 5, 1995

Division of Corporations
Department of State, State of Florida
P. O. Box 6327
Tallahassee, Florida 32314

000001532850
-07/07/95--01095--010
*****131.25 *****131.25

Re: Lagnappe Investment Corporation

Dear Sir:

Enclosed please find the original and one copy of the Articles of Incorporation for the above referenced corporation. In addition, please find a check for \$131.25 representing the following fees:

Articles of Incorporation	\$35.00
Registered Agent Fee	\$35.00
Certified Copy of Articles	\$52.50
Certificate Under Seal	\$ 8.75

Please return the certified copy of the Articles plus the Certificate under seal to me at the above-listed address. Should you need further information from me or have any questions regarding the enclosed documents, please feel free to call me.

Sincerely,

OVERSTREET & OVERSTREET

Deborah M. Overstreet
Deborah M. Overstreet, Esq.

Rel 7-12

Enclosures
DMO:ms

EFFECTIVE DATE
7-5-95

**ARTICLES OF INCORPORATION
OF
LAGNIAPPE INVESTMENT CORPORATION**

FILED
\$5 JUL -7 1995
ALLIANCE BANK

The undersigned hereby makes, subscribes, acknowledges, and files this certificate for the purpose of becoming a corporation for profit under the laws of the State of Florida.

1. The name of this corporation shall be:

LAGNIAPPE INVESTMENT CORPORATION

2. This corporation may engage in any activity or business permitted under the laws of the United States and of this State.

3. The capital stock of this corporation shall consist of 100 shares of common stock having a par value of \$1.00 per share.

4. This corporation shall have a perpetual existence.

5. The date when the corporate existence of this corporation shall begin is at the time of subscription and acknowledgement of these Articles of Incorporation, that is, July 5, 1995.

6. The initial street address of the principal office of this corporation is 145 Avenue E, Suite 8, Apalachicola, Florida 33320 and Deborah M. Overstreet, Esq., 475 Harrison Avenue, Panama City, Florida 32401, is hereby designated as resident agent for this corporation.

7. This corporation shall have at least one (1) director but not more than three (3), but the By-Laws of this corporation may provide for such increase in the number thereof as is authorized by law.

EFFECTIVE DATE
7-5-95

8. The name and street address of the first Board of Directors is as follows:

<u>Name</u>	<u>Street Address</u>
William A. Jacob, M.D.	145 Avenue E., Suite 8 Apalachicola, FL 33320
Danny Erskin	145 Avenue E., Suite 8 Apalachicola, FL 33320

9. The name and street address of the subscriber to this Certificate of Incorporation is as follows:

<u>Name</u>	<u>Street Address</u>
Deborah M. Overstreet	475 Harrison Avenue, Suite 101 Panama City, Florida 32401

10. The officers of this corporation shall be a President and Secretary and such other officers or agents as may be deemed necessary. All officers, agents or employees as may be necessary shall be chosen in such a manner, hold offices for such time, and have such power and duties as may be prescribed by the By-Laws or determined by the Board of Directors. Any person may hold two (2) or more offices.

IN WITNESS WHEREOF, I, the undersigned subscribing incorporator, have hereunto set my hand and seal this 5th day of July, 1995, for the purpose of forming this corporation under the laws of the State of Florida, and I hereby make and file in the office of the Secretary of State of the State of Florida this Certificate of Incorporation and certify that the facts herein stated are true.


Deborah M. Overstreet


CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE PROCESS WITHIN THIS STATE
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In pursuance of Chapter 48.901, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST, that LAGNIAPPE INVESTMENT CORPORATION desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation at City of Apalachicola, County of Franklin, State of Florida, has named Deborah M. Overstreet, located at 475 Harrison Avenue, Suite 101, of Panama City, County of Bay, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above-stated corporation, at the place designated in this Certificate, I hereby accept the Act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.



Deborah M. Overstreet
(Resident Agent)

55 JUL -7 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P95000053620
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: WILLIAM M. JACOB EIN or SS#: _____

Address: 101 WHISPERING PINES CIRCLE
APALACHICOLA, FL 33329

Amount: \$233.75 Date Paid _____

Reason for claim: Duplicate payment - P95000053620
09-04-96 SPT

Certified true and correct this 22nd day of August, 19 96.

Signature See attached letter

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 233.75

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 01038/017, dated 08-12-96.

Name of Account _____
45202130001453000000000010000

Statutory Authority for Collection 607

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____
452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations _____
(Agency) (Authorized Signature and Title)

BURKE & BLUE, P.A.
ATTORNEYS AND COUNSELORS AT LAW

521 McRENZIE AVENUE
Post Office Box 70

PANAMA CITY, FLORIDA 32402

TELEPHONE (904) 769-1414
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LEE W. BURKE
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ELIZABETH J. WALKER**
SHERRI DENTON MALLORY

DENTON OFFICE
BUILDING 1, SUITE B
151 REDDING WAY
DENTON, FLORIDA 33834
TELEPHONE (904) 654-0000
TELECOPIER (904) 654-0000

*ALSO ADMITTED IN LOUISIANA
**ALSO ADMITTED IN ALABAMA

August 22, 1996

Florida Secretary of State
ATTENTION: SEAN TONER
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

PERSONAL & CONFIDENTIAL

RE: Lagniappe Investment Corporation
P95000053620

Dear Sean:

As we discussed today, please issue a refund in the amount of \$233.75 to my client, William M. Jacob, for duplicate deposits made on August 12, 1996, and August 20, 1996, with regard to the above-referenced corporation.

Thank you for your assistance in this matter. Please feel free to contact the office if you have any questions or need additional information.

Sincerely,

BURKE & BLUE, P.A.



Theresa Bush, Legal Assistant
to Timothy M. Warner

tb