

P96000067943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

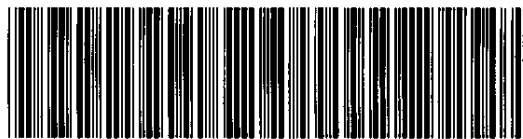
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700155733827

05/11/09--01037--001 **35.00

UD/withhold

FILED
09 JUN 29 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUN 29 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2009

JAMES H. WILLIAM
J.H. WILLIAMS INVENTIONS INC.
162 HARTFORD COURT
SPRING HILL, FL 34609

SUBJECT: J.H. WILLIAMS INVENTIONS INC.
Ref. Number: P96000067943

We have received your document for J.H. WILLIAMS INVENTIONS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 509A00016755

RECEIVED
2009 JUN 29 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF Sub.CHAPTER'S" Corp.

DOCUMENT NUMBER: P96000067943

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES H. WILLIAMS

(Name of Contact Person)

J.H. WILLIAMS INVENTIONS INC.

(Firm/Company)

162 HARTFORD COURT

(Address)

SPRING HILL, FL. 34609

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES WILLIAMS

(Name of Contact Person)

at (352) 797-6309

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
- Pd. 1*

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

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

J. H. WILLIAMS INVENTIONS INC.

SECOND: The document number of the corporation (if known): P96000067943

THIRD: The date dissolution was authorized: 12-15-08

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)

JAMES H. WILLIAMS PRESIDENT & CEO

(Typed or printed name of person signing)

OWNER

(Title of person signing)

FILED
09 JUN 29 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: J.H. Williams INVENTIONS INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

I STARTED THE CORP. TO PROTECT MY PATENT. I HAVE SINCE
BECOME DISABLED, AND COULDN'T AFFORD TO KEEP UP PATENT
FEE'S NOR THE FEE'S FOR H. & R. BLOCK TO FILE TAXES.
THE CORPORATION HAS NO ASSETS AND I CAN'T AFFORD THE
COST WITH MY DISABILITY. THIS IS LATE DUE TO MY ILLNESS AND
ABILITY TO START. THANK YOU.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

JAMES H. WILLIAMS
162 HARTFORD COURT
SPRING HILL, FL. 34609

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JAMES H. WILLIAMS
Printed Name of the Person Filing


Signature of the Person Filing