

P96000071234

STATE OF FLORIDA
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: CHARLOTTE M. OR DOUGLAS C. LEA EIN or SS#: _____
Address: 9655 SOUTH TRACE ROAD
MILTON, FL 32583
Amount: 77.50 Date Paid _____
Reason for claim: OVERPAYMENT OF FILING FEES.
A+ EXCAVATION, INC. (P96000071234)
DMC/NEW FILING

Certified true and correct this 29th day of August, 19 96.

Signature _____

* 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 \$ <u>77.50</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>01106-009</u> dated <u>8/28/96</u>	
Name of Account	<u>4520213000145300000000010000</u>
Statutory Authority for Collection	<u>607.0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>45202130001453000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)

P96000071234

TRANSMITTAL LETTER

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

300001935013
-08/28/96--01106--009
+++200.00 +++200.00

SUBJECT: A+ Excavation, Inc.

Enclosed is an original and one (1) copy of the Articles of
Incorporation and our check for \$200.00.

FROM:

A+ Excavation, Inc.
Douglas & Charlotte Lea
9655 South Trace Road
Milton, FL 32583

147.50 - F.F.
52.50 - C.C.
200.00

Dmc
8/27/96

FILED
95 AUG 27 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF
A+ EXCAVATION, INC.

The undersigned incorporator , for the purpose of forming a corporation under the Florida Business Act, hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: A+ EXCAVATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 9655 SOUTH TRACE ROAD, MILTON FL 32583, SANTA ROSA COUNTY

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 shares, all of which shall be common shares with par value of \$1.00.

ARTICLE IV REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
Charlotte M. Lea, 9655 South Trace Road, Milton, Fl 32583

ARTICLE V INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation is:

<u>NAME</u>	<u>ADDRESS</u>
Douglas C. Lea	9655 South Trace Rd., Milton, FL- 32583
Charlotte M. Lea	9655 South Trace Rd., Milton, FL 32583

The undersigned incorporator has executed these Articles of Incorporation this 22nd day of August 1996.

Douglas C. Lea
Douglas C. Lea

STATE OF FLORIDA
COUNTY OF SANTA ROSA

The foregoing Article of Incorporation were acknowledged before me this 22nd day of August, 1996, by Douglas C. Lea, who is personally known to me.

Janet L. Spicer
Notary Public

JANET L. SPICER
Notary Public-State of Florida
Commission exp. June 2, 1998
Commission # 0037763

FILED

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/agent, in the State of Florida.

1. The Name of the corporation is: A+ Excavation, Inc.
2. The name and address of the registered agent and office is:
Charlotte M. Lea
9655 South Trace Rd.
Milton, FL 32583

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

Charlotte M. Lea
Date: 8-22-96
Charlotte M. Lea

STATE OF FLORIDA
COUNTY OF SANTA ROSA

The foregoing Certificate Of Registered Agent/Registered Office was acknowledged before me this 22nd day of August, 1996, by Charlotte M. Lea, who is personally known to me.

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Janet L. Spicer
Notary Public

JANET L. SPICER
Notary Public-State of Florida
Commission exp. June 2, 1998
Commission # CC877885