

Requestor's Name  
 Address  
 City/State/Zip Phone #  
**P97000039085**

Office Use Only  
 98 OCT -9 PM 3:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FILED**

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

400002655634--6  
 -10/05/98--01084--004  
 \*\*\*\*\*175.00 \*\*\*\*\*87.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*OK*  
**P97000039085**  
*RM*  
 10-9-98  
 288

Examiner's Initials	
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Florida Department of State, Sandra B. Mortham, Secretary of State

**RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CORPAMERICA, INC.  
(Name of registered agent)

hereby resigns as Registered Agent for GENERAL FUELS AND MERCHANDISING INCORPORATED  
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Michele L. Hunsiker  
(Signature of resigning agent)

If signing on behalf of an entity:

Michele L. Hunsiker  
(Typed or Printed Name)

Assistant Secretary  
(Capacity)

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**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation