

P97000071028

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.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name:	Ronald L. Davis, P.A.	EIN or SS#:	
Address:	Skylake State Bank Building, Suite 407 1550 N.E. Miami Gardens Drive North Miami Beach, FL 33179		
Amount:	\$122.50	Date Paid:	9/2/97
Reason for Claim:	Name change amendments withdrawn for SOUTH FLORIDA CONSULTING, INC. #P96000020725 changing name to MASTER VENDING CORPORATION and name change amendment for MASTER VENDING CORPORATION #P97000071028, changing name to SOUTH FLORIDA CONSULTING, INC. The name of SOUTH FLORIDA CONSULTING, INC. was incorrect. The name of the corp. should have been SOUTH FLORIDA CONSULTING GROUP, INC., #P96000036926, which was administratively dissolved on 9/26/97.		
Certified true and correct this _____ day of _____, 19 _____.			
Signature _____			
* Must be completed if authority is other than Section 215.26, Florida Statutes.			

Do Not Write in This Box - For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund \$ 122.50	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No. 01030 003 dated 9/2/97	
NAME OF ACCOUNT: 45202130001453000000000010000	
Statutory Authority for Collection 607.0122	
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 Agency Signature and Title)