

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 7-19-99

REF. #: 0163.7598

CORP. NAME: Tour Tavern Corporation

800002934388--8
-07/19/99--01004--020
****385.00 *****87.50

- () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION
() ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME
() CERT. OF AUTHORITY () LIMITED PARTNERSHIP () LIMITED LIABILITY
() REINSTATEMENT () MERGER () WITHDRAWAL
() CERTIFICATE OF CANCELLATION () UCC-1 () UCC-3
() OTHER: Resignation of Agent

RA
Resignation

STATE FEES PREPAID WITH CHECK# 3302 FOR \$ 385.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

() CERTIFIED COPY

() CERTIFICATE OF STATUS

() PLAIN STAMPED COPY

DR
Examiner's Initials

60:01 HW 61 JUL 66

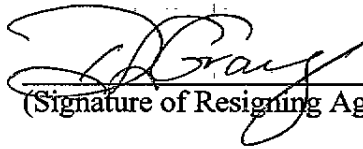
RECEIVED

FILED
JUL 19 PM 1:54
TALLAHASSEE, FLORIDA

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, D. LOCKWOOD GRAY, hereby resigns as Registered Agent for **TOUR TAVERN 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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 -Active Corporation

\$35.00 -Administratively Dissolved Corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314