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AFFIDAVIT

STATE OF FLORIDA)	
COUNTY OF HILLSBOROUGH)	
BEFORE ME, the undersigned authority of appeared Frank L. Hearne ("Affiant"), who being it	luly authorized to administer oaths, personally first duly sworn, on oath deposes and says that:
CONTROL OF THE PROPERTY AND THE PROPERTY OF TH	
Because I am no longer representing clier expenses and administrative tasks, I no longer wis practice is in Florida where I am and will continue	
I, Frank L. Hearne, am surrendering all Ba my possession issued to me by the Supreme Court	r Cards, all Law Licenses and all certificates in of Texas.
unresolved allegations of professional misconduct	
Further Affiant sayeth not. Dated the 4	
STATE OF FLORIDA)	Frank L. Hearne
COUNTY OF HILLSBOROUGH)	J.
	rsonally known to me, or has produced his as identification.
Commission Expiration Date Thomas E. Cone, Jr. MY COMMISSION # CC691743 EXPIRES February 25, 2002 BONDED THRU TROY FAIN INSURANCE INC. (AFFIX SEAL)	(Notary Public Signature) Thomas E Cone JR (Printed Name) NOTARY PUBLIC, STATE OF FLORIDA

AFFIDAVIT

STATE OF FLORIDA)	
COUNTY OF HILLSBOROUGH)	
	authority duly authorized to administer oaths, personally who being first duly sworn, on oath deposes and says that:
Card Number is 09345120. I reside at practice is located at 219 Crystal Grove	I am a member of the State Bar of Texas. My Texas Bar , 33549 and my law Blvd, Lutz, Florida. My business telephone number is (813) f the facts stated in this affidavit. The facts as known to me
expenses and administrative tasks, I no	senting clients in Texas and because I wish to reduce my to longer wish to remain a member of the Texas Bar. My ill continue to be a member of the Florida Bar.
I, Frank L. Hearne, am surrend my possession issued to me by the Sup	ering all Bar Cards, all Law Licenses and all certificates in reme Court of Texas.
My purpose in resigning is not to unresolved allegations of professional	o avoid disciplinary action and I have no knowledge of any misconduct against me.
Further Affiant sayeth not. Dat	ed the Lay of August, 1999.
STATE OF FLORIDA)	Frank L. Hearne
) COUNTY OF HILLSBOROUGH)	
	ENT was sworn to and subscribed before me this \(\frac{1}{2} \) day ne. He is personally known to me \(\frac{1}{2} \), or has produced his \(\frac{1}{2} \) as identification.
Commission Expiration Date	(Notary Public Signature)
Commission Expiration Date Thomas E Cone, Jr. A MY COMMISSION # CC691743 EXPRES	
February 25, 2002 BONDED THRU TROY FAIN INSURANCE, INC.	Thomas E CONE JR
(AFFIX SFAL)	(Printed Name) NOTARY PUBLIC STATE OF FLORIDA