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AFFIDAVIT

STATE OF FLORIDA)	
COUNTY OF HILLSBOROUGH)	
BEFORE ME, the undersigned authority of appeared Frank L. Hearne ("Affiant"), who being	luly authorized to administer oaths, personally first duly sworn, on oath deposes and says that:
CONTROL AND DESCRIPTION OF THE PARTY OF THE	
Because I am no longer representing clier expenses and administrative tasks, I no longer with 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	
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)	
	d authority duly authorized to administer oaths, personally who being first duly sworn, on oath deposes and says that:
Card Number is 09345120. I reside a practice is located at 219 Crystal Grove	e. I am a member of the State Bar of Texas. My Texas Bar at 1 33549 and my law Blvd, Lutz, Florida. My business telephone number is (813) of the facts stated in this affidavit. The facts as known to me
expenses and administrative tasks, I n	senting clients in Texas and because I wish to reduce my to longer wish to remain a member of the Texas Bar. My will continue to be a member of the Florida Bar.
I, Frank L. Hearne, am surrence my possession issued to me by the Sup	dering all Bar Cards, all Law Licenses and all certificates in preme Court of Texas.
My purpose in resigning is not unresolved allegations of professional	to avoid disciplinary action and I have no knowledge of any misconduct against me.
Further Affiant sayeth not. Da	ted the 4_day of August, 1999.
STATE OF FLORIDA)	Frank L. Hearne
)	
COUNTY OF HILLSBOROUGH)	
of August, 1999, by Frank L. Hear	IENT 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
driver's license, or his	as identification.
Commission Expiration Date	(Notary Public Signature)
MY COMMISSION # CC691743 EXPRES	
February 25, 2002 BONBED THRU TROY FAIN INSURANCE, INC.	Thomas E CONT TR (Printed Name)
(AFFIX SEAL)	NOTARY PUBLIC STATE OF FLORIDA