692612

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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUB.	JECT: Koogler and Asso	ociates, Inc.	
		(Name of Corpo	ration)
DOC	UMENT NUMBER: 69	92612	<u> </u>
The e	enclosed Officer/Director Re	esignation for a Corporatio	n and fee are submitted for filing
Pleas	e return all correspondence	concerning this matter to t	he following:
Mex	well R. Lee		
-	(Name of P	'erson)	-
Koo	gler and Associates, Inc.		
	(Name of Firm)	Company)	.
401	4 NW 13 Street		
	(Addres	38)	•
Gair	nesville, FL 32609-1923		
	(City/State and	Zip Code)	•
For fu	rther information concernit	ng this matter, please call:	
Max	vell R. Lee	at (352	377-5822 & Daytime Telephone Number)
	(Name of Person)	(Area Cod	& Daytime Telephone Number)
Enclo	sed is a check for \$35.00 m	ade payable to the Florida	Department of State.
Amen Divisi Cliftor 2661 I	Address: dment Section on of Corporations a Building Executive Center Circle assee, FL 32301	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	ns ;

OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION

2811 NOV -7 PM 3 14

SECRETARY OF STATE TALLAHASSEE, FLORID!

Steven C. Cullen	herehy region as	Vice President/Director	
The state of the s	The state of the s	(Title)	
f Koogler and Associates, Inc.			
(Nan	ne of Corporation)		
(Document Number, if known)	, a corporation organized un	der the laws of the State of	
Florida	.		
 	(Signature of resigning officer/direct	or)	

FILING FEE IS \$35.00

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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314