P98000099036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TAMPA SHIP SERVICES CORP.
(Name of Corporation)

DOCUMENT NUMBER: P98000099036

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURENCE STA INES
(Name of Person)

TAMPA SHIP SERVICES CORP
(Name of Firm/Company)

210 SOUTH 12TH STREET
(Address)

TAMPA, FL 33773
(City/State and Zip Code)

For further information concerning this matter, please call:

LAURENCE STA INES at (813) 748-3331
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

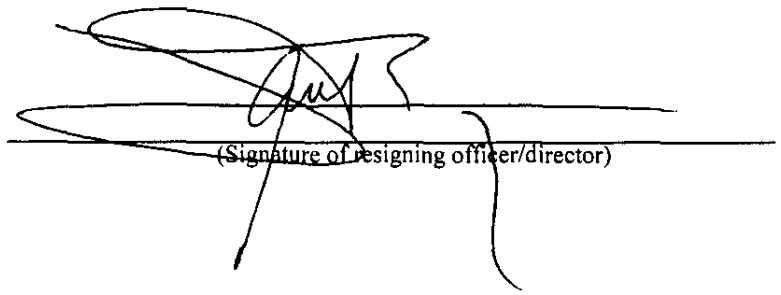
OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, FROILAN STA INES, hereby resign as SVP
(Title)

of TAMPA SHIP SERVICES CORP.
(Name of Corporation),

P98000099036
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA.



(Signature of resigning officer/director)

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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