

216178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

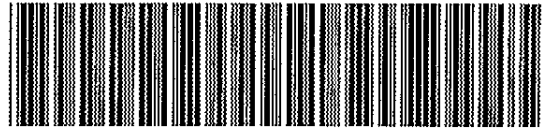
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800023194678

10/01/03--01023--024 **87.50

FILED

03 OCT - 1 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN OCT - 8 2003

B A. Resignation

The Law Office of
Debra J. Sutton, P.A.

Attorneys at Law

DEBRA J. SUTTON+

+BOARD CERTIFIED, APPELLATE PRACTICE
+BOARD CERTIFIED, MARITAL & FAMILY LAW
+ CERTIFIED FAMILY LAW MEDIATOR

MATTHEW J. KOVSCHAK

THE MANN MANOR
325 West Main Street
Post Office Drawer 427
Bartow, Florida 33831
Telephone (863) 533-8912
Telecopier (863) 533-4633

September 24, 2003

Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Re: *Mutual Fence Company, Inc.*
Document No.: 216178

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Omar T. Simmonds
5520 Annette Street
Lakeland, FL 33809

Should you have any questions, please do not hesitate to contact me or my assistant, Angel, at 863-533-8912. Thank you in advance for your assistance in this regard.

Sincerely,

DEBRA J. SUTTON, P.A.



Matthew J. Kovichak

MJK:amb
Enclosure

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
03 OCT -1 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Omar T. Simmonds
(Name of Registered Agent)

hereby resigns as Registered Agent for Mutual Fence Company Inc
(Name of Corporation)

216178
(Document Number, if known)

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.

Omar T. Simmonds 9-17-03
(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/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314