

278009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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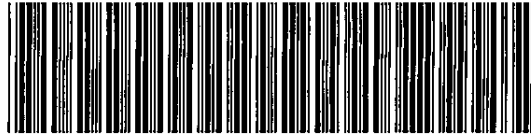
(Business Entity Name)

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07 MAR 15 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DEWAR NURSERIES, INC.
(Name of Corporation)

DOCUMENT NUMBER: 278009

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

Please return all correspondence concerning this matter to the following:

MARY C. DEWAR
(Name of Person)

DEWAR NURSERIES, INC.
(Name of Firm/Company)

625 W. KEENE RD.
(Address)

APOPKA, FL 32703
(City/State and Zip Code)

For further information concerning this matter, please call:

BILL DEWAR at (407) 886-1188
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
07 MAR 15 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MARY C. DEWAR, hereby resign as SECRETARY/TREASURER/DIRECTOR
(Title)

of DEWAR NURSERIES, INC.
(Name of Corporation)

278009, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

X Mary C. Dewar
(Signature of resigning officer/director)

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