442054

(Re	questor's Name)				
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(City/State/Zip/Phone #)					
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SECRETARY OF STAIL
ALLAHASSEE, FLORIDA

gian Resign ain Murphy 2/18/05

COVER LETTER

Amendment Section Division of Corporations

TO:

s.					
SUBJECT: FATHER AND SON APPLIANCE CO. (Name of Corporation)					
DOCUMENT NUMBER: 442084					
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing					
Please return all correspondence concerning this matter to the following:					
DANIEL KOFKE (Name of Person)					
FATHER AND SON APPLIANCE CO. (Name of Firm/Company)					
189 SUMMER HILL DRIVE (Address)					
HOSCHTON, GA 30548 (City/State and Zip Code)					
For further information concerning this matter, please call:					
DANIEL KOFKE at (706) 824-1810 (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					

ŘEF#

FEI#

442054

59- 1496870

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	DANIEL C.	KOFKE	, hereby resign as_	SECTRETARY/	'TREASURER tle)
of_	FATHER		ANCE CO. Corporation)		,
	(Document Nu	mber, if known)	a corporation organized un	der the laws of the	State of
	FLORIDA	·	•	•	
	,	Daml (Sign	rature of resigning officer/direc	tor)	FILED 08 FEW 13 PM 1:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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