524269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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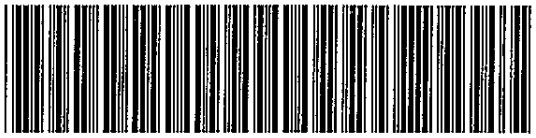

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05 JUN 16 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer Resignation

T BROWN JUN 17 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HERBIE WILES INSURANCE, INC.
(Name of Corporation)

DOCUMENT NUMBER: 524269

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

Please return all correspondence concerning this matter to the following:

DOUGLASS F. WILES
(Name of Person)

HERBIE WILES INSURANCE, INC.
(Name of Firm/Company)

PO BOX 3067
(Address)

ST. AUGUSTINE, FL 32085-3067
(City/State and Zip Code)

For further information concerning this matter, please call:

DOUGLASS F. WILES at (904) 829-2201
(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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
05 JUN 16 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Audria M. Hinchman, hereby resign as Vice-President
(Title)

of Herbie Wiles Insurance, Inc.,
(Name of Corporation)

524269
(Document Number, if known), a corporation organized under the laws of the State of

Florida, EFFECTIVE JUNE 1, 2005.

Audria M Hinchman 6/14/05
(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