

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A.S. Corporation
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

John H. Jones
(Name of Person)

Attorney
(Name of Firm/Company)

PO Box 2340
(Address)

Gainesville FL 32602
(City/State and Zip Code)

For further information concerning this matter, please call:

Ron Newman at (352) 328-4323
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

JOHN H. JONES

Attorney at Law
Gainesville, Florida

Post Office Box 2340 (zip 32602)
Telephone: 352-373-0936

1230 South Main Street (zip 32601)
Facsimile: 352-378-9501

July 1, 2006
corphelp@dos.state.fl.us

Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

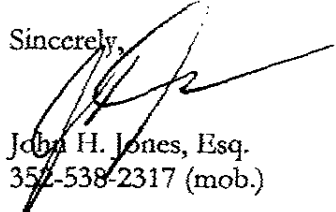
Re: A.S. Corporation

Good Day:

Please send me a copy of the last annual filing of this corporation. I want to see list of last officers and directors.

If questions, please contact me on my mobile at 352-538-2317. Thank you.

Sincerely,


John H. Jones, Esq.
352-538-2317 (mob.)

MEWMAN/AS CORP/ltr div of corp 7-1-06

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
06 JUL 12 AM 9:51
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, John H. Jones
(Name of Registered Agent)

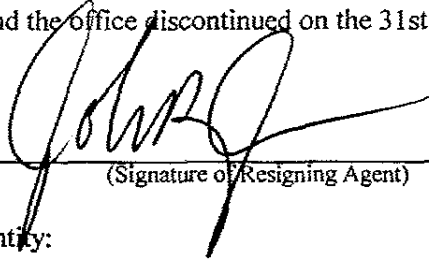
hereby resigns as Registered Agent for A.S. Corporation (FEIN 226785360)
(Name of Corporation)

432933

(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.



(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