

610606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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T. LEWIS

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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12 SEP 20 AM 11:16

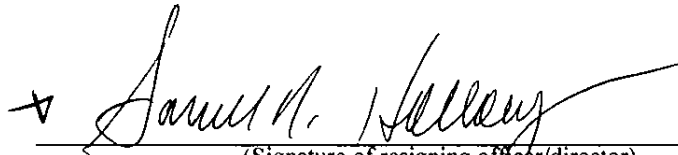
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Samuel N. Holloway, hereby resign as Director
(Title)

of SAM N. HOLLOWAY & CO., INC.
(Name of Corporation)

610606, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

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Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314