

624525

Paralegal & Attorney Service Bureau, Inc.
d/b/a CAPITOL SERVICES

Requestor's Name
1406 Hays St., Suite 2
Address
Tallahassee, FL 32301
City/State/Zip
850/878-4734 or
850/656-3992
Phone #

800002601548--9
-07/29/98--01056--013
*****87.50 *****87.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Duke & Co., Inc. 624525
(Corporation Name) (Document #)
2. _____ Resignation
(Corporation Name) (Document #)
3. _____ of RA
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

Walk in
 Mail out

Pick up time
 Will wait

7/29
 Stamped
 Photocopy

Certified Copy
 Certificate of Status

RECEIVED
98 JUL 29 AM 11:15
DIVISION OF CORPORATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
98 JUL 29 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials RDH
7/29/98

Florida Department of State, Sandra B. Mortham, Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, National Corporate Research, Ltd., Inc.
(Name of registered agent)

hereby resigns as Registered Agent for Duke & Co., Inc.
(Name of corporation)

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.

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SECRETARY OF STATE
TALLAHASSEE
FLORIDA

[Handwritten Signature]
(Signature of resigning agent)

If signing on behalf of an entity:

John Morrissey
(Typed or Printed Name)

Assistant Vice President
(Capacity)

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation