

681461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

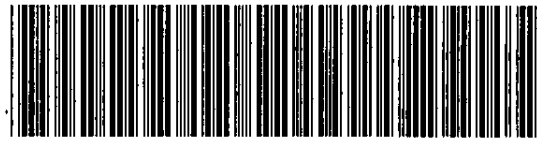
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Deison & Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 681461

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

Please return all correspondence concerning this matter to the following:

Tom Deison
(Name of Person)

Deison & Associates, Inc.
(Name of Firm/Company)

1550 Village Square Blvd. # 3
(Address)

Tallahassee, Florida 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Deison at (850) 386-7789
(Name of Person) (Area Code & Daytime Telephone Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

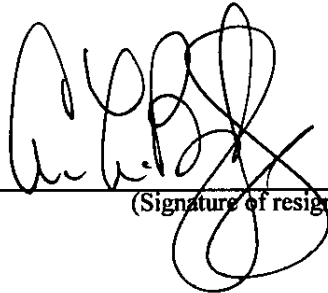
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, A. L. Buford, Jr., hereby resign as Vice President
(Title)

of Deison & Associates, Inc.,
(Name of Corporation)

681461, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

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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