

FD9000003471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

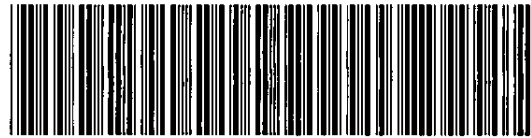
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900160907989

09/24/09--01042--011 \*\*35.00

FILED  
09 SEP 24 AM 11:28  
TALMADGE, FLORIDA

Off. Design  
Tewis  
9-25-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Don Wright & Associates, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F09000003471

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

Please return all correspondence concerning this matter to the following:

Don Wright

(Name of Person)

Don Wright & Associates

(Name of Firm/Company)

PO Box 30608

(Address)

Sea Island, GA 31561

(City/State and Zip Code)

For further information concerning this matter, please call:

Don Wright

(Name of Person)

at ( 912 ) 222-0133

(Area Code & Daytime Telephone Number)

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**

**FILED**

**09 SEP 24 AM 11:28**

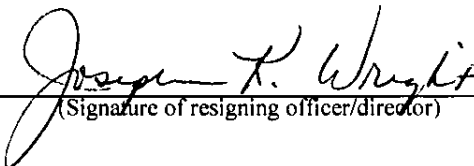
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, Josephine K. Wright, hereby resign as VP  
(Title)

of Don Wright & Associates, Inc.  
(Name of Corporation)

F09000003471, a corporation organized under the laws of the State of  
(Document Number, if known)

Georgia

  
(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