## K25821

(Requestor's Name)			
(Address)			
(Address)			
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(0) (0) (1)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dge/ument Number)			
(Ogosinom Nambo),			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only

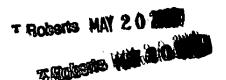


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SECRETARY OF STATE STATE OF STATE OF CORPORATIONS



TO: Amendment Section

**COVER LETTER** 

Division of Corporations			
SUBJECT: North Okaloosa Deve	elopment Corporation		
Vacor	(Name of Corporation)		
DOCUMENT NUMBER: K2582	21		
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing.		
Please return all correspondence cond	perning this matter to the following:		
Warren Byrd			
(Name of Person	n)		
,			
(Name of Firm/Com	ipany)		
3198 Rainmaker Drive			
(Address)	<del></del>		
Laurel Hill, Florida 32567			
(City/State and Zip	Code)		
For further information concerning th	nis matter, please cali:		
Warren Byrd	at ( 850 ) 603-0246 (Area Code & Daytime Telephone Number)		
(Name of Person)	(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

I, William R. McKelvy	. Heredy resign as	esident (and any oth
North Oliston - Davids - asset	, .	iue)
of North Okaloosa Developmen (Name	e of Corporation	
(Document Number, if known)	, a corporation organized under the laws of the	State of P
Florida	<b></b> •	SECUL OF COL
		RAIO: 55
WK.	(Signature of resigning officer/director)	S &

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