

K62459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

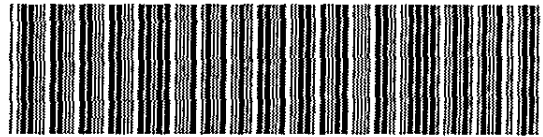
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 21 PM 12:39

FILED

O/D Resign.

07/27/04

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GULFWINDS SERVICES INC.
(Name of Corporation)

DOCUMENT NUMBER: K62459

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

Please return all correspondence concerning this matter to the following:

ROBERT M. CUST

(Name of Person)

GULFWINDS SERVICES INC.

(Name of Firm/Company)

P.O. BOX 6550

(Address)

BRANDON FL 33508

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT M. CUST

(Name of Person)

at (813) 230-7760

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, HARLAN R. CUST, hereby resign as PRESIDENT
(Title)

of GULFWINDS SERVICES, INC.
(Name of Corporation)

K62459, 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

Make checks payable to Florida Department of State and mail to:

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

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TALLAHASSEE, FLORIDA