K78499

(Requestor's Name)

(Address)

(Address)

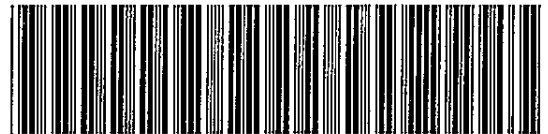(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

O/o Resign
ymm
9/25/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _AmPAm - J. A. Chason Co_
(Name of Corporation)

DOCUMENT NUMBER: _K78499_

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

Please return all correspondence concerning this matter to the following:

Joseph Harvard
(Name of Person)

AmPAm - J.A. Chason Co
(Name of Firm/Company)

7420 E. Colonial Dr.
(Address)

Orl. Fl 32807
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____)_____
(Name of Person)   (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, _Joseph Harvard_, hereby resign as _Vice President_
(Title)

of _AMPAM - J. A. Croson Company_,
(Name of Corporation)

_K78499_, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Joseph Harvard
(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