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WICKERSHAM & BOWERS

ATTORNEYS AND COUNSELLORS AT LAW

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City/State/Zip

Pnone-

100003972931--3 -04/09/01--01112--031 ****122,50 *****87,50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1(Corporation Name)	(Document #)	THE SECOND SECON
2(Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	AARY OF THE
4(Corporation Name)	(Document #)	Certified Copy
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Change of Registered Dissolution/Withdray Merger	l Agent wal
OTHER FILINGS	REGISTRATION/QUA	LIFICATION OF I
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	77.13.52 OB
		Examiner's Initials

RESIGNATION OF REGISTERED AGENT

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hereby resigns as Registered Agent for W. C. R. INC. (Name of corporation)			
A copy of this resignation was mailed to the above listed corporation at its last kno	wn ado	iress.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on whi	i ch	
(Signature of resigning agent)			
If signing on behalf of an entity:	FALLAI	01 AF	
W.O.R. INC.	AS WEIN	≈ =	* [
(Typed or Printed Name)	RY OF ST ISEE, FLO	3 PM 1:	T M D
	RIC	ဒ္ဌ	
	Florida Statutes, the undersigned, Raymond L. Viole ITE (Name of registered agent) hereby resigns as Registered Agent for W. C. R. Inc (Name of corporation) A copy of this resignation was mailed to the above listed corporation at its last kno The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of resigning agent) If signing on behalf of an entity:	Florida Statutes, the undersigned, Raymond L. Violente (Name of registered agent) hereby resigns as Registered Agent for W. C. L. (Name of corporation) A copy of this resignation was mailed to the above listed corporation at its last known add the agency is terminated and the office discontinued on the 31st day after the date on whithis statement is filed. (Signature of resigning agent) W.O.R. INC. W.O.R. INC. (Typed or Printed Name) Resident Agent	hereby resigns as Registered Agent for W. C. R. INC. (Name of corporation) A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of resigning agent) W.O.R. INC. W.O.R. INC. (Typed or Printed Name) Resident Agent

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314