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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Requester's Name



Office Use Only

Phone (904) 388-SNOW
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NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) 9000004610319--9
-09/25/01--01058--002
*****35.00 *****35.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
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- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

o/d resignation

V SHEPARD OCT 3 2001

Examiner's Initials

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OFFICER / DIRECTOR RESIGNATION

I, MARY W. COLEMAN, hereby resign as DIRECTOR / CORPORATE SECRETARY
(Title)
of COLEMAN TRAVEL CORPORATION
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

Mary Coleman
(Signature of resigning officer/director)

FILING FEE IS \$35.00

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