

NO2000003089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

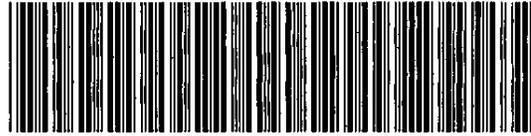
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PATHWAYS SERVICES  
(Name of Corporation)

**DOCUMENT NUMBER:** NP20000003089

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing  
Please return all correspondence concerning this matter to the following:

FAY ALSTON  
(Name of Person)

PATHWAYS SERVICES  
(Name of Firm/Company)

34444 S. HAINES CREEK RD.  
(Address)

LEESBURG, FL. 34788  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID ALSTON at ( 321 ) 231-2659  
(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, FAY ALSTON, hereby resign as DIRECTOR  
(Title)

of PATHWAYS SERVICES, INC.  
(Name of Corporation)

N02000003089, 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**