

N18629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

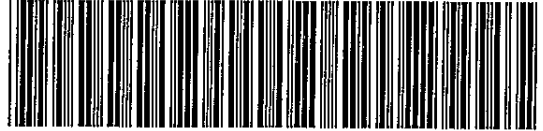
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800023552308

10/10/03--01024--001 **35.00

FILED
03 OCT 10 AM 9:55
TALLAHASSEE, FLORIDA

Rs 10/15/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHEASTERN COUNCIL OF IRONWORKER EMPLOYERS, INC.
(Name of Corporation)

DOCUMENT NUMBER: N18629

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

BILLY E. SHEFFIELD

(Name of Person)

MET-CON, INC.

(Name of Firm/Company)

P. O. Box 236129

(Address)

COCOA, FL 32923-6129

(City/State and Zip Code)

For further information concerning this matter, please call:

BILLY E. SHEFFIELD

(Name of Person)

at (321-632-4880

(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 32309

FILED

03 OCT 10 AM 9:55

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

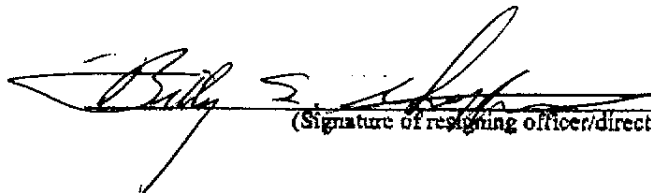
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

I, BILLY E. SHEFFIELD, hereby resign as DIRECTOR
(Title)

of SOUTHEASTERN COUNCIL OF IRONWORKER EMPLOYERS. INC.,
(Name of Corporation)

N18629, 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