

N18629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

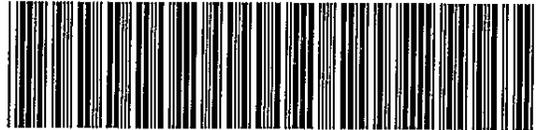
(Business Entity Name)

(Document Number)

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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 at (321-632)-4880
(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 32309

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

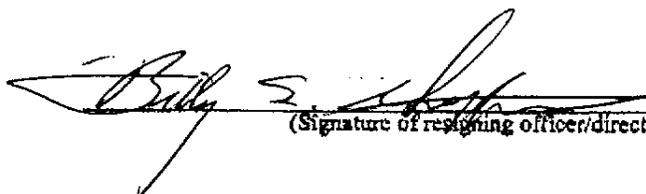
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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