

P00000011610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

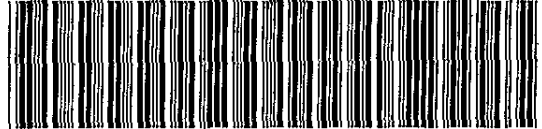
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600022339916

08/25/03--01075--004 **35.00

FILED
03 AUG 25 AM 10:10
CLERK OF THE COURT
ALLAHASSEE, FLORIDA

Ps 8/28/03
10 H.S.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S. C. Services & Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P00000011610

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard R. Bicknell

(Name of Person)

S. C. Services & Associates, Inc.

(Name of Firm/Company)

P. O. Box 3116

(Address)

Lake City FL 32056-3116

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard R. Bicknell

(Name of Person)

at (386) 752-0068

(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 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

03 AUG 25 AM 10:10

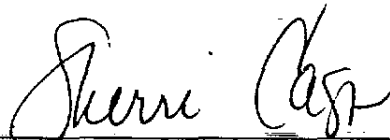
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Sherri Witt Cason, hereby resign as Sec, VP & Director
(Title)

of S C Services & Associates, Inc.
(Name of Corporation)

P00000011610, 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