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(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hi-Way MART of Gainesville INC (Name of Corporation)
DOCUMENT NUMBER: P 00000 57045
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
James R. Thomas (Name of Person)
Hi-way Mart Gainesville INC (Name of Firm/Company)
6683 CRILL AVE (Address)
PAIATKA, FI. 32177 (City/State and Zip Code)
For further information concerning this matter, please call:
BRenda Jenson at (384) 328-4164 (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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, OPAL D. BASS, hereby resign as SecreTAP	ie)		
of Hi-Way MART of Gainesville, INC. (Name of Corporation)		 *	. ,
PDDDDD 57 045 a corporation organized under the laws of the (Document Number, if known)	State of	f	
Florida			
x Dal (Signature of resigning officer/director)			
	SEC SEC	, 40	
	KETAKY AHASSI	O I NU	
FILING FEE IS \$35.00	EF. FLOR	PM 3: 1	T C
Make checks payable to Florida Department of State and mail to:	ADA ADA	Ξ	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314