## P01000046768

(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:





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officer Resignation

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## TRANSMITTAL LETTER

SUBJECT: OFFICER REMOVAL DC DAVIS CONSTRUCTION, INC.
(Name of Corporation)
DOCUMENT NUMBER: P01000046768
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
DC DAVIS
(Name of Person)
DC DAVIS CONSTUCTION, INC.
(Name of Firm/Company)
415 E HWY 20
(Address)
FREEPORT, FL 32439
(City/State and Zip Code)
For further information concerning this matter, please call:
JANIE CARROLL at ( 850 ) 892-2752
JANIE CARROLL at (850 892-2752 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

**TO:** Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, SANDRA DAVIS (ARLE	(Title)
of_DC.DAVIS CONSTRUCTION	INC.
(Namo	e of Corporation)
P01000046768	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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