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TALLAHASSEE, FLORIDA

10/28/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL STAR INSURANCE, NORTH TAMPA, INC.
(Name of Corporation)

DOCUMENT NUMBER: EIN # 59-3739920

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

Please return all correspondence concerning this matter to the following:

F. BLAINE PANICO
(Name of Person)

(Name of Firm/Company)

800 S. DAVIS BLVD.
(Address)

TAMPA FL 33606
(City/State and Zip Code)

For further information concerning this matter, please call:

F. BLAINE PANICO at (813) 503-2057
(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 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
03 OCT 24 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, F. BLAINE PANICO, hereby resign as PRESIDENT
(Title)

of ALL STAR INSURANCE, NORTH TAMPA, INC.
(Name of Corporation)

_____, 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