

PO1000098483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

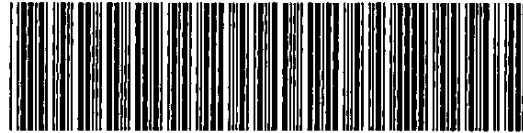
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100081386031

11/06/06--01033--001 **35.00

FILED
06 NOV -6 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA



263-
0798
597-0915

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: John Bowman Inc.
(Name of Corporation)

DOCUMENT NUMBER: P01000098483

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

Please return all correspondence concerning this matter to the following:

John Bowman
(Name of Person)

John Bowman Inc.
(Name of Firm/Company)

6201 Lee Ann Lane #102
(Address)

Naples Florida 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

John Bowman at 239, 597-0912
(Name of Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Sheila Bowman, hereby resign as Vice President
(Title)

of John Bowman Inc.
(Name of Corporation)

PO1000098483, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Sheila R. Bowman
(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

FILED
06 NOV -6 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA