

PO20000007063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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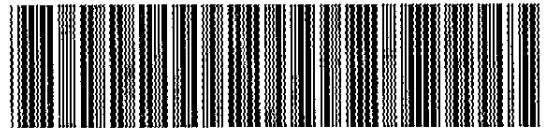
(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE
AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA

COUNTY OF MARION

I, GERALD W. MCKINNEY, after being duly sworn, states that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, GERALD W. MCKINNEY, hereby resign as President and Director, of NATIONAL HOMECRAFT OF BREVARD, INC., a Florida corporation. The corporation has been notified in writing of the resignation.


Gerald W. McKinney

☒ personally known or
☐ produced the following identification: _____

Sworn to and subscribed before me, this 7 day of May, 2003.


NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My commission expires:



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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314