

02000007542

Requester's Name

VITRAELLI & ASSOCIATES, P.A.
TAX ACCOUNTING & TAX LAW
~~251 WINDWARD PASSAGE, STE. B~~
CLEARWATER, FL 33767-2260

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

800008207638--3
-10/04/02--01049--007
*****35.00 *****35.00

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☒ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

02 OCT -4 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Examiner's Initials

10-7

NOTICE OF RESIGNATION

I, ALLAN L. WILLIAMSON, HEREBY SERVE NOTICE TO THE
SHAREHOLDERS AND BOARD OF DIRECTORS OF FANTA CAT CHARTER
BOAT, INC. THAT I HEREBY TENDER MY
RESIGNATION AS THE VICE-PRESIDENT OF SAID CORPORATION
TO BE EFFECTIVE THE BELOW WRITTEN DATE.

JANUARY 23, 2002

X *Allan L. Williamson*
ALLAN L. WILLIAMSON
Theresa M. Williamson
P.O.A.

FILED
02 OCT -4 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENT that I,

(name) Allan L Williamson

(address) 16 Meteor AVE N

hereby appoint

(name) THERSA M Williamson

(address) 16 Meteor AVE N CLW FL 33165
as my attorney in fact (check which of the following shall apply):

X GENERAL

to do every act that I may legally do through said attorney in fact and in my power for the period
beginning (date) 1-8-02 and ending (date) 12-31-02

SPECIFIC DUTIES

to do specific duties that I may legally do through said attorney in fact. The specific duties
empowered to my attorney in fact are hereby specified in the following:

for the period beginning (date) _____ and ending (date) _____

No other act or duty is authorized unless above specified.

Signature: [Signature] Date: 1-9-02

Witness: [Signature] Witness: _____

State of Florida, Pinellas County

The foregoing instrument was acknowledged before me this 09 day of
January, 2002 by Allan L. Williamson who is
personally known to me or has produced the following identification:

Wizist Bond ID Dkt # 954737

Notary Signature: [Signature] 1314
Commission Expires/Seal:



Deborah Kay Cowart
MY COMMISSION # CC916617 EXPIRES
March 7, 2004
BONDING THROUGH TROY RAIN INSURANCE, INC.