P02000018599

| (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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LLAHASSEE, FLORID

JUNII PH 2: 0

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | |
|--|--|
| SUBJECT: Mosquito Lagoon Outfitters (Name of Corporation) | - |
| DOCUMENT NUMBER: P02000018599 | |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin | g. |
| Please return all correspondence concerning this matter to the following: | |
| William C. Butcher / V P | |
| (Name of Person) | 3 JI |
| Mosquito Lagoon Outfitters | FILED 03 JUN 11 PM 2: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| (Name of Firm/Company) | SEE P |
| 22 N. Washington Ave | 77/2 |
| (Address) | |
| Titusville, FI 32796 | D' |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Elaine Cook at (321) 267-1200 (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 | |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 23, 2003

. WILLIAM C. BUTCHER
MOSQUITO LAGOON OUTFITTERS, INC.
22 N. WASHINGTON AVE.
1 TITUSVILLE, FL 32796

SUBJECT: MOSQUITO LAGOON OUTFITTERS, INC.

Ref. Number: P02000018599

We have received your document for MOSQUITO LAGOON OUTFITTERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 703A00032486

03 JUNII AM 9: 49
BIVISION OF CORPORATION



FLORIDA DÉPARTMENT OF STATE DIVISION OF CORPORATIONS

BUMIN OF STATE

OFFICER / DIRECTOR RESIGNATION

| I, William Buther, hereby resign as Vice resident | - |
|--|---|
| MOSQUITO LAGOON OUTFITTERS | |
| of, (Name of Corporation) | |
| a corporation organized under the laws of the State of | |
| and affirm that the corporation has been notified in writing of the resignation. | |
| Millen I fort | - |
| (Signature of resigning officer/director) | |

FILING FEE IS \$35.00

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

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314