

P02000099500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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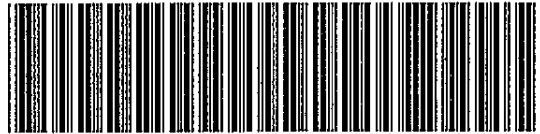
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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✓ 0/8 Resign.
0 8/30/05
DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A.S. + G. OF JACKSONVILLE
(Name of Corporation)

DOCUMENT NUMBER: P02000099500

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

Please return all correspondence concerning this matter to the following:

H.W. COFFIELD
(Name of Person)

NEFES, INC
(Name of Firm/Company)

2743 ANNISTON RD
(Address)

JAX FL 32246
(City/State and Zip Code)

For further information concerning this matter, please call:

HAROLD COFFIELD at (904) 722-1008
(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**

I, NEFES INC, hereby resign as VICE PRESIDENT
(Title)

of A.S. + G. OF JACKSONVILLE, INC,
(Name of Corporation)

PO2000099500, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

 V.P.
(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 26 PM 3:56

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