

P02000124724

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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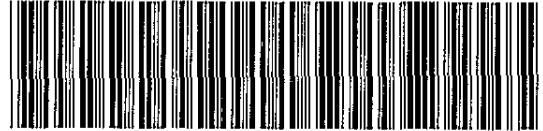
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CORRECT Corp. Name

DATE 12/17/03

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JAX4CLOSURE INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000124724

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

Please return all correspondence concerning this matter to the following:

KENNETH E. OWENS
(Name of Person)

JAX4CLOSURE INC
(Name of Firm/Company)

P.O. BOX 1912
(Address)

PONTE VEDRA BEACH, FL 32004
(City/State and Zip Code)

For further information concerning this matter, please call:

KENNETH E. OWENS at (904) 887-2363
(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

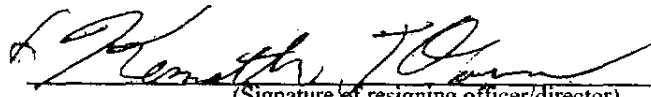
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Kenneth T. Owens, hereby resign as President
(Title)

of JAX 4 CLOSURE, INC.
(Name of Corporation)

P02000124724, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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SECRETARY OF STATE
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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