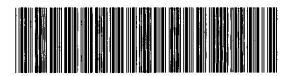
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(Re	equestor's Name)	
/^-	ld-co-c)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	, #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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COVER LETTER

SUBJECT: GUTHRIE STUCCO	O & CO., INC.
POSTAGENT NUMBER POS	(Name of Corporation)
DOCUMENT NUMBER:	
The enclosed Officer/Director Resi	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
JOYCE GUTHRIE	
(Name of Per	rson)
GUTHRIE STUCCO & CO., IN	IC.
(Name of Firm/Co	ompany)
782 W. RIVER ROAD	
(Address)	
PALATKA, FLORIDA 32177	
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
LISA WIGGINS	at (386) 328-4164
(Name of Person)	at (386) 328-4164 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. RANDALL RHYMES	, hereby resign as V.P.
	(Title)
of GUTHRIE STUCCO & CO., INC	D.
	f Corporation)
P0300008030	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	

(Signature of resigning officer/director

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