(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Elite Drywall, Inc.  (Name of Corporation)  DOCUMENT NUMBER: P0300032588
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Travis L.Fields
(Name of Person)
Elite Drywall, Inc
(Name of Firm/Company)
P.O. Box 9641
(Address)
Treasure Island, Florida 33740
(City/State and Zip Code)
For further information concerning this matter, please call:
Travis L.Fields at (813) 363-8031  (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

յ Sharla K. Fields	, hereby resign as Secretary/Treasure
^>	(Title)
of Elite Drywall, Inc	
(Name	e of Corporation)
P6300032 588 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
	Signature of resigning officer/director)  Ell D476  Signature of resigning officer/director)  5/24/2003

## 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

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