

PO3000057208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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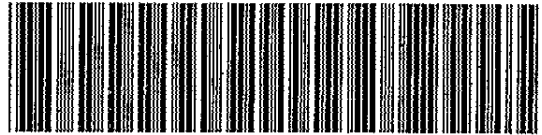
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bay County Multi-Servicing Company, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000057208

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

Please return all correspondence concerning this matter to the following:

Connie E. Tharpe

(Name of Person)

Bay County Multi-Servicing Company, Inc.

(Name of Firm/Company)

P. O. Box 1568

(Address)

Lynn Haven, FL 32444

(City/State and Zip Code)

For further information concerning this matter, please call:

Connie E. Tharpe

(Name of Person)

at (850) 785-4412
(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, Rita J. Clark, hereby resign as Vice President
(Title)

of CONRI, INC.
(Name of Corporation)

P03000057208, 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
TALLAHASSEE, FLORIDA

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