

P030000062713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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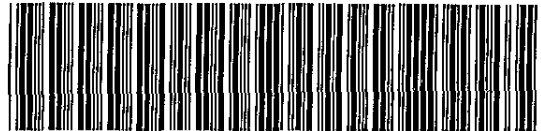
(Business Entity Name)

(Document Number)

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06/30/03--01071--006 **35.00

FILED
03 JUN 30 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Designation
J/m 7/9/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Work services of South West FL Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000062713.

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

Please return all correspondence concerning this matter to the following:

Michael L. Jacke.
(Name of Person)

Work Services of S.W. FL Inc.
(Name of Firm/Company)

5791 16th Ave NW.
(Address)

Naples FL. 34119.
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael L. Jacke. at (239) 280 6500.
(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**

FILED
03 JUN 30 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, John L. Jacke, hereby resign as Vice President
(Title)
of Work Services of South West FL, Inc.
(Name of Corporation)
P03000062713, a corporation organized under the laws of the State of
(Document Number, if known)
FL.

X John Jacke
(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