P03000074362

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



000023394710

10/03/03--01036--023 **35.00

THE TOP ROLL OF THE PROPERTY O

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: PASCO CRANE S	ERVICE INC.
	(Name of Corporation)
DOCUMENT NUMBER: PO	3000074362
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
KATHY J. KROMER	
(Name of Per	rson)
PASCO CRANE SERVICE, IN	IC.
(Name of Firm/C	ompany)
10908 PATRICK AVENUE	
(Address)
HUDSON, FLORIDA 34669	
(City/State and Z	îp Code)
For further information concerning	g this matter, please call:
KATHY KROMER	st 727 868-6407
(Name of Person)	at (727) 868-6407 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, PETER R. WHYTE	, hereby resign as SECRETARY
	(Title)
PASCO CRANE SERVICE,	
·	ne of Corporation)
PO300074362 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	1
Leten	(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