

P03000092977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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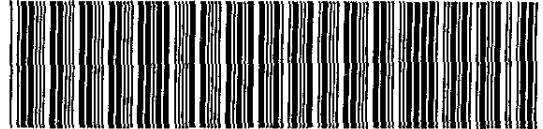
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2004 MAY 24 PM 5:32

officer Resignation
LTS
5-27-04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Trin-Con of Southwest Florida Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000092977

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

Please return all correspondence concerning this matter to the following:

Alexander Scalzo
(Name of Person)

Trin-Con of Southwest Florida Inc.
(Name of Firm/Company)

2029 NE 4th Terrace
(Address)

Cape Coral, FL 33909
(City/State and Zip Code)

For further information concerning this matter, please call:

Alexander Scalzo at (239) 573-0613 or 239-633-1622
(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS


2004 MAY 24 PM 5: 32

I, Alexander Scalzo, hereby resign as Director
(Title)

of Trin-Con of Southwest Florida Inc.
(Name of Corporation)

P03000092977, 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