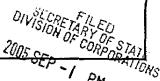
## P03000127407 DIVISION OF CORPORTS TAIL PM 3:23



(Requestor's Name)
(Address)
(Addiess)
(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



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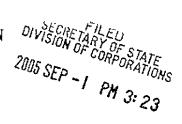
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## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: THOMAS W. THOM	PSON, INC.
DOSC	(Name of Corporation)
DOCUMENT NUMBER: PUSC	000121401
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence cor	ncerning this matter to the following:
THOMAS W THOMPSON	
(Name of Pers	on)
THOMAS W. THOMPSON, INC	
(Name of Firm/Co	mpany)
205 N. LAKE AVENUE	
(Address)	<del></del>
AVON PARK FL 33825	
(City/State and Zip	Code)
For further information concerning	this matter, please call:
JEAN M. FOSTER	at ( 863 ) 385-7218
(Name of Person)	at ( 863 ) 385-7218  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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
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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



T ANTHONY HANDS	, hereby resign as DIRECTOR
"	(Title)
of THOMAS W. THOMPSO	
	(Name of Corporation)
P03000127407	, a corporation organized under the laws of the State of
(Document Number, if known)	· •
FLORIDA	
N	
× Ou	(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