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Special Instructions to Filing Officer:				
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Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Ralph Locke Construction Inc.
(Name of Corporation)
DOCUMENT NUMBER: P03000132189
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Ralph Locke
(Name of Person)
N/A
(Name of Firm/Company)
31411 Hill Drive
(Address)
Deland,Fl.,32720
(City/State and Zip Code)
For further information concerning this matter, please call:
Ralph Locke at (352) 669-1803 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



Ralph Locke	, hereby resign as_	President
,	,	(Title)
Ralph Locke Construction Inc.		
(Name of Cor	poration)	
P03000132189 , a c	orporation organized un	der the laws of the State of
Florida .		•
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FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314