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(Re	equestor's Name)					
(Ad	ldress)					
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(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Do	cument Number)					
Certified Copies Certificates of Status						
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Special Instructions to	Filling Officer:	Ì				

Office Use Only



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TRANSMITTAL LETTER

10:	Division of Corporations				
SUBJE	ECT: Ridgeway Timber, Inc.				
	(Name of Corporation)				
DOCU	UMENT NUMBER:				
The en	closed Officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Tracy L. Williams (Name of Person)				
	(Name of Person)				
Ridge	eway Timber, Inc.				
	(Name of Firm/Company)				
P.O.	Box 499				
	(Address)				
Trent	ton, FL 32693				
	(City/State and Zip Code)				
For fur	ther information concerning this matter, please call:				
Celes	te G. Ridgeway at (352) 463-6013 (Area Code & Daytime Telephone Number)				
	(Name of Person) (Area Code & Daytime Telephone Number)				
Enclos	ed is a check for \$35.00 made payable to the Florida Department of State.				
Amend Divisio P.O. Bo	g Address: Iment Section on of Corporations ox 6327 Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399				

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I	Tracy	L. Williams	, hereby resign as_	Director		
-, _	•		,	(Title)		
of_	Ridgeway Ti					,
		(Name of Co	orporation)			
	(Document Nu	, a, a, a	corporation organized un	der the laws of the St	ate of	
Flo	orida					
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		Zrac	y Willians	tor) To		
		(Signa	dure of resigning officer/direc	(01)	OS MAY	
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		FILI	NG FEE IS \$35.00	STATE LORIO	11:0:	J

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

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