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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: W + R Pool Contraction, Inc. (Name of Corporation)
DOCUMENT NUMBER: 90300157948
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mathematical Contraction, Inc. (Name of Firm/Company)
G.O. Box 4 (Address)
Dela
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (863) 675-6101 (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

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I, Robert F. O'Donnell, hereby resign as V. P	•		
	Title)		
of 7 4 CK Good Construction, (Name of Corporation)	Un	<u>C</u>	,
(Document Number, if known), a corporation organized under the laws of the	ne State (of	
(Document Number, if known)		_	
Aloreda.			
RODA F. O'Down (Signature of resigning officer/director)	, SEI Tali	07	
FILING FEE IS \$35.00	CRETARY OF STATI LAHASSEE FLORIC	SEP -6 AN II: 3	FILED

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

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