

P04000009886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

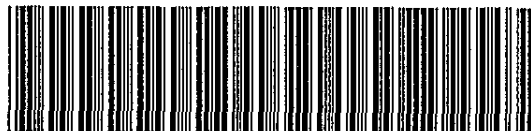
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400050357594

04/14/05--01019--012 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 APR 14 PM 2:39

✓ 6/1/05 Resign.

04/21/05  
DC

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RICHARD C. MCCOY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO4000009886

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

Please return all correspondence concerning this matter to the following:

WILLIAM A MCCOY  
(Name of Person)

RICHARD C MCCOY, INC  
(Name of Firm/Company)

874 ALEXANDER AVE.  
(Address)

DELTONA, FL 32725  
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA MCCOY at (386) 574-1414  
(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**

I, William A. McCoy, hereby resign as DIRECTOR  
(Title)

of RICHARD C. MCCOY, INC.  
(Name of Corporation)

PO4000009886, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

William A. McCoy  
(Signature of resigning officer/director)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 APR 14 PM 2:39

**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