P04000079193

| (Requestor's Name) | |
|---|---------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | <u></u> |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only





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07/26/04--01016--016 **35.00

ILLAHASSEE, FLORID

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Accurate Builders of NWFL, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: P04 000079193 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Tilman J. Chambers (Name of Person) |
| Tommy L. Gill, CPA (Name of Firm/Company) |
| Name of Firm/Company) 217-C Miracle Strip Parkway SW (Address) Fort Walton Beach, FL 32548 (City/State and Zip Code) |
| Fort Walton Black, FL 32548 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Tilman Chambers at (850) \$30-6005 (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
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Tilman J. Chambers | , hereby resign as Trusurer (Title) |
|---|--|
| of Accurate Builders of Name of Corporation | NWFL, (nc. |
| P04000 79193 , a corpor (Document Number, if known) | ration organized under the laws of the State of |
| Florida. | |
| (Signature of a | FILED O4 JUL 26 PM 4: 30 TALLAHASSEE, FLORIDA TESIGNING OFFICER FLORID |

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