## 81941000469

(Re	equestor's Name)	
, (Ac	ldress)	
(Address)		
·	•	
	ty/State/Zip/Phone	- 40
(Ci	ty/State/Zip/Pfiorie	<del>9 #)</del>
☐ PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	·
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	
: !		
		l

Office Use Only

¥



100106193431

2007 AUG 20 PH 4: 52 SECRETARY OF STATE.

8/3/01

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: HICKSON, INC.  (Name of Corporation)  DOCUMENT NUMBER: PO4000144918
DOCUMENT NUMBER: <u>PO4000144918</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
EARNEST DAVID HILKSON Jr.  (Name of Person)
(Name of Firm/Company)
5449 S.SEMORAN STE#231 OCLANOOFL. 32822 (Address)
OLLANOO FL 32822 (City/State and Zip Code)
For further information concerning this matter, please call:
JASON HICKSON at (321) 284 5237  (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 AUG 20 PM 4: 52

FOR A CORPORATION ALLAHASSE OF STATE FOR A CORPORATION (Title)

OF HICKSON INC.

(Name of Corporation)

PO4000144918 (Name of Corporation)

PO4000144918 (Document Number, if known)

FLORIOA

(Signature of resigning officer/director)

**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