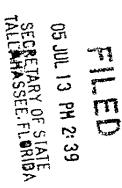
P04000152 566

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	siness Entity Nam	ne)
(Do	cument Number)	·
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





200057187452



07/13/05--01033--015 **35.00



TRANSMITTAL LETTER

Division_of Corporations
SUBJECT: T & GKS ENTERPRISES, INC. (Name of Corporation)
DOCUMENT NUMBER: P04000152566
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
GLORIA ROBINSON (Name of Person)
TEGKS ENTERPRISES, INC. (Name of Firm/Company)
3450 13TH AVE., S.W. (Address)
NAPLES, FL 34117 (City/State and Zip Code)
For further information concerning this matter, please call:
GLORIA ROBINSON at (239) 793-1313 (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

Amendment Section

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, TOM ROBINSON, hereby resign as DRECTOR, V.P. AND (Title) SECRET	A
of T3GKS ENTERPRISES, INC. (Name of Corporation)	
P04000 152566, a corporation organized under the laws of the State of (Document Number, if known)	
FLORIDA	
(Signature of resigning officer/director) (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