

PO5000022577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WALKER'S SOUTHERN GRACE, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000022577

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

JAMES W WALKER  
(Name of Person)

WALKER'S SOUTHERN GRACE, INC  
(Name of Firm/Company)

840 2ND ST NE  
(Address)

NAPLES, FL 34120  
(City/State and Zip Code)

For further information concerning this matter, please call:

ELIZABETH A WALKER at ( 239 ) 438-2313  
(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**

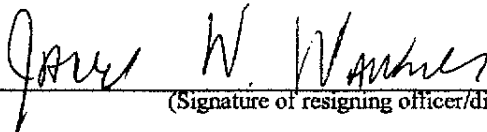
**FILED**  
05 JUL -5 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JAMES W WALKER, hereby resign as PRESIDENT  
(Title)

of WALKER'S SOUTHERN GRACE, INC  
(Name of Corporation)

P05000022577, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(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