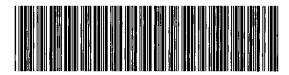
DO5000044797

(Requestor's Name)					
(Ac	ddress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL MAIL			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
	Office Use On	·······································			



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COVER LETTER

Amendment Section Division of Corporations

TO:

	•
SUBJECT: SAXON METALS TIC. (Name of Corporation)	; 1
	1
DOCUMENT NUMBER: POSOCCO44797	<u> </u>
The enclosed Officer/Director Resignation for a Corporation and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter to the following:	
PHILIP C. EMERT (Name of Person)	
` ´	
SAXON META'S J.M. (Name of Firm/Company)	41
7599 Wimp/ LANE (Address)	7)
TAMPA FL. 33625 (City/State and Zip Code)	Services
For further information concerning this matter, please call:	
PHILEMENT at (S13) 323-4. (Name of Person) (Area Code & Daytime Tele	536
(Mea Code & Daytime Tele	phone rumber)
Enclosed is a check for \$35.00 made payable to the Florida Department of S	tate.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	DON DUNCAN, SF	, hereby resign a	as SEC	(Title)	<u>·</u>
of_	SAXON METAL	ame of Corporation)	<u>. </u>		_ •
	PO500044797 (Document Number, if known)	, a corporation organized	under the laws	of the State of	
	FLORIDA	 `			
			P. P		
	AL.	A :	an en	. TAS 07	,
		(Signature of resigning officer/dir	ector)	07 MAY 2 SECRETA TALLAHAS	
				NY OF	- [7]
		FILING FEE IS \$35.00		3: 19 STATE LORID	

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314