P05000 129870

(R	equestor's Name)						
(A	ddress)	<u> </u>					
(Address)							
, (C	ity/State/Zip/Phone #)						
, PICK-UP	☐ WAIT	MAIL					
(В	usiness Entity Name)						
(D	ocument Number)						
Certified Copies	Certificates of	Status					
Special Instructions to Filing Officer:							
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Office Use Only



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SECRETARY OF CARPORATION OF FEB -8 AM 10: 26

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02/14/06
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: KINCER Construction, Inc. (Name of Corporation)
DOCUMENT NUMBER: \$\rho 5000 12 9870
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Scott KINCER (Name of Person)
KINCER CONSTRUCTION INC. (Name of Firm/Company)
210 Shipmans Lane (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Scott KINCER at (321) 356-2493 (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 FOR A CORPORATION

I, _	Debra Kincer	,	hereby resign as_	Vice	President	
					(Title)	
of_	KINCER Constr Name of	uction	Inc.			,
	(Name of	Corporation) 1			
	(Document Number, if known)	a corporat	tion organized un	der the law	vs of the State of	
	FLORIDA.					
	\wedge	1.4				

(Signature of resigning officer/director)

 \star 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 JIVISION OF CORPORATIONS