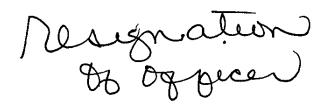
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COVER LETTER

For further information concerning this matter, please call:

(Name of Person) at (239) 462-6913 (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

TO:

Amendment Section Division of Corporations OFFICER / DIRECTOR RESIGNATION SEP /9
FOR A CORPORATION

SECRETARY OF STATE
OF ORIDA

I, DICTOR D. SOLD hereby resign as SECRETARY & TORGE.

((Title)

OF CALLON BOLLOWS SUPPLIES AND RESTORES, INC.

(Name of Corporation)

PO SOCI 13 (422, a corporation organized under the laws of the State of
(Document Number, if known)

(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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Division of Corporations
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Tallahassee, Florida 32314