P07000:110455

(Requestor's Name)			
(Address)			
(Address)			
,			
/City/Chata/Ziu/Dhana 40			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Coomenium Con)			
0.00			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
, i			
,			

Office Use Only



000113426070

01/04/08--01015--009 **35.00

08 JAN -4 PM 2: 20
SECRETARY OF STATE AHASSEF, FLORID

Office Ruign Cin Muphy 1/8/08

COVER LETTER

contractor supply inc (Name of Corporation) PO7000110455 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GARY L MARTIN** (Name of Person) **CONTRACTOR SUPPLY INC** (Name of Firm/Company) **5702 18TH ST WEST** (Address) **BRADENTON FL 34207** (City/State and Zip Code) For further information concerning this matter, please call: **GARY L MARTIN** (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:** Mailing Address: Amendment Section **Amendment Section** Division of Corporations Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

s.T

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, GARY L MARTIN	, hereby resign as PRESIDENT	
	(Ti	tle)
of_CONTRACTOR SUPPLY INC.		
(Name o	of Corporation)	
PO7000110455 (Document Number, if known)	_, a corporation organized under the laws of the State of	
FLORIDA	_•	
Luy (S	Masilans ignature of resigning officer/director)	FILED 08 JAN -4 PH 2: SECRETARY OF ST TALLAHASSEE, FLO
F	ILING FEE IS \$35.00	2: 20 STATE FLORIDA

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

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