

PD80000030082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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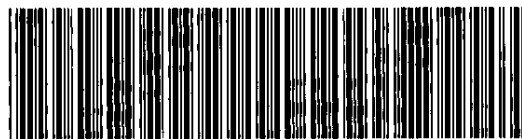
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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@ 4/11/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** J.A. RICE CORP, INC

(Name of Corporation)

**DOCUMENT NUMBER:** P08000030082

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICE , JASON

(Name of Person)

J.A. RICE CORP, INC

(Name of Firm/Company)

651 E. ALEXANDER

(Address)

PLANT CITY FLORIDA 33563

(City/State and Zip Code)

For further information concerning this matter, please call:

JASON RICE

(Name of Person)

at ( 863 ) 651-9021

(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

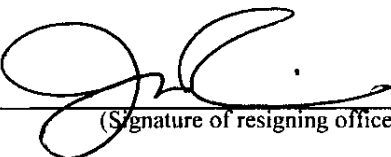
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, <sup>W/</sup> JASON RICE, hereby resign as PRESIDENT, T, DIRECTOR  
(Title)

of J.A. RICE CORP, INC  
(Name of Corporation)

P08000030082, 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

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