

P08000031062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

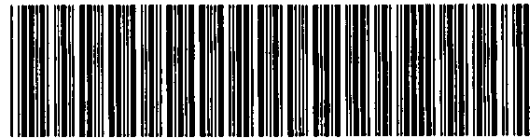
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

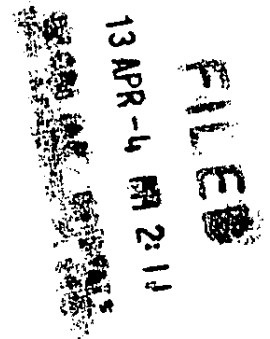
Special Instructions to Filing Officer:

Office Use Only



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04/04/13--01007--029 **35.00



OLD
Resign.

04/11/13

PK

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMPACT FIREARMS INC.

(Name of Corporation)

DOCUMENT NUMBER: P08000031062

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

Please return all correspondence concerning this matter to the following:

CURTIS L PORTER

(Name of Person)

IMPACT FIREARMS INC

(Name of Firm/Company)

1213 S. WAUKESHA ST

(Address)

BONIFAY, FL 32425

(City/State and Zip Code)

For further information concerning this matter, please call:

CURTIS L PORTER

(Name of Person)

at (**850**) **547-2051**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

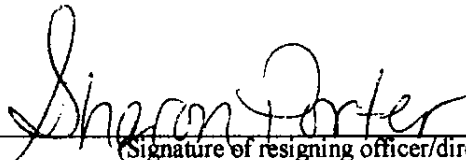
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SHARON D PORTER, hereby resign as VICE PRESIDENT
(Title)

of IMPACT FIREARMS INC.
(Name of Corporation)

P08000031062, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
13 APR - 4 PM 2:11

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