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09 JUL 31 PM 1: 3 SECKETARY OF STAT TALLAHASSEE, FLORI

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COVER LETTER

SUBJECT: DON BROWN KONGCRETE INC. (Name of Corporation)			
·			
DOCUMENT NUMBER: P 0 9 000 0 4 4 0 6 8			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for the	filing.		
Please return all correspondence concerning this matter to the following:			
RoBert PERRY (Name of Person)			
(Name of Firm/Company)	SECRÉ!	09 JUL	
$\frac{P \circ B \circ \times 205}{\text{(Address)}}$	AIKY (31 PH	37
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(City/State and Zip Code)	ORIDA	1: 32	
For further information concerning this matter, please call:			
Robert Perry at (727) 585-1040 (Name of Person) (Area Code & Daytime Telephone Num	ber)		

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section **Division of Corporations**

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Gale Brown	, hereby resign as V) ce	PRES, Dent (Title)
of DON BROWN	- Konccrete INC Name of Corporation)	
Po 9000 54406 8 (Document Number, if known)	, a corporation organized under the la	aws of the State of
FLORIDA	·	
Shirl	(Signature of resigning officer/director)	FILED 09 JUL 31 PM 1: 32 SECRETARY OF STATE TALLAHASSEE, FLORID

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