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SECRETARY OF STATE



${\bf TRANSMITTAL_LETTER}$

OUD IN OR	Hillman Connals Connacs Too				
SUBJECT:	ECT: Hillman Supply Company, Inc. (Name of Corporation)				
DOCUMENT	NUMBER: P93000005334				
The enclosed O	officer/Director Resignation for a Corporation and fee are submitted for filing.				
Please return al	l correspondence concerning this matter to the following:				
	Jimmy Alligood				
	(Name of Person)				
	Hillman Supply Company, Inc. (Name of Firm/Company)				
	P. O. BOx 2339				
	(Address)				
=.	Alachua, FL 32616 (City/State and Zip Code)				
For further info	rmation concerning this matter, please call:				
	joyce alligood at (386) 418-8898 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a ch	neck 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

TO: Amendment Section

Division of Corporations

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ľ	Jimmy Alligood	, hereby resign as	President	
٠,		,yB	(Title)	
	Uillmon Cy	ipply Company, Inc.		
of		e of Corporation)		,
		, a corporation organized unde	er the laws of the State of	
	Florida	·		
		(Signature of resigning officer/director		TABLETARY OF STATE

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