P940	00058029
TimCon, Inc.           P.O. Box 740567           Orange City, FL 32774-0567	<b>300005153773</b>
CORPORATION NAME(S) & DOCUM	Office Use Only ENT NUMBER(S). (if known):
(Corporation Name)	(Document #)
2	
(Corporation Name)	(Document #)
3	
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
<ul> <li>↓ Walk in</li> <li>↓ Pick up time</li> <li>↓ Mail out</li> <li>↓ Will wait</li> </ul>	Photocopy     Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
<ul> <li>Profit</li> <li>Not for Profit</li> <li>Limited Liability</li> <li>Domestication</li> <li>Other</li> </ul>	<ul> <li>Amendment</li> <li>Resignation of R.A., Officer/Director</li> <li>Change of Registered Agent</li> <li>Dissolution/Withdrawal</li> <li>Merger</li> </ul>
OTHER FILINGS	REGISTRATION/QUALIFICATION
<ul> <li>Annual Report</li> <li>Fictitious Name</li> </ul>	<ul> <li>Dissolution/withdrawal</li> <li>Merger</li> <li>REGISTRATION/QUALIFICATION</li> <li>Foreign</li> <li>Limited Partnership</li> <li>Reinstatement</li> <li>Trademark</li> <li>Other</li> </ul>
	Examiner's Initials
CR2E031(7/97)	Examiner's initials

## **RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of section	ns 607.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned, _	(Name of régistered agent)		
hereby resigns as Registered Agent	for <u>JIMCon, Inc</u> . (Name of corporation)	÷	

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature of resigning agent) 02 MAR 25 AM 10: If signing on behalf of an entity: William M. Grah (Typed or Printed Name)

Registered Agent

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

IN Bresented 6650-933-59-055.0 sile mute

CR2E046(9/98)

