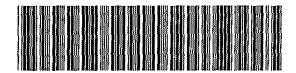
P9500017621

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filling Officers
Special Instructions to Filing Officer:

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04/30/04--01065--020 **87.50

2004 APR 29 PM 1: 22

R.A. Resignation 5-7-04

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PEPRET AND ASSOCIATES, INC. (Name of Corporation)
DOCUMENT NUMBER: P95000017621
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LYNETTE L PERRET (Name of Person)
PERRET AND ASSOCIATES, INC. (Name of Firm/Company)
1614 ATLANTIC UNIVERSITY CIRCLE (Address)
JACKSON VILLE FL 32207 (City/State and Zip Code)
For further information concerning this matter, please call:
LYNETTE L PERRET at (904) 805 - 0030 (Name of Person) (Area Code & Daytime Telephone Number)
England is a sheet made neverble to the Floride Department of State for \$37.50 for an active corneration

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

SECRETARY OF STATE DIVISION OF CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2004 APR 29 PM 1: 22

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, DAVID H Boo HER III (Name of Registered Agent)
hereby resigns as Registered Agent for PEPRET AND ASSOCIATES, INC., (Name of Corporation)
P950000 1762 (Document Number, if known)
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.
DECEASED
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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