P95000021340

(Re	equestor's Name)	
(Ac	dress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: ATLANTIC CABLE WORKS, INC. (Name of Corporation)
DOCUMENT NUMBER: P9500021340
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JOHN R. JACOBS (Name of Person)
(Name of Firm/Company)
750 JORDAN AUE (Address)
SEBASTIAN FL 32958 (City/State and Zip Code)
For further information concerning this matter, please call:
JOHN R. JACOBS at 772 216-4993 (Name of Person) (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION

I, JOHN R. JACOBS, hereby resign as DIRECTO	or/officer
of ATLANTIC CABLE WORKS, INC. (Name of Corporation)	
a corporation organized under the laws of the State of FLORIDA	· ·
and affirm that the corporation has been notified in writing of the resignation.	
(Signature of resigning officer/director)	O3 JUN 26 PI

FILING FEE IS \$35.00

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