

PA50000218217

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06/20/05--01030--003 \*\*35.00

3 10/22/05

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** All Peoples Insurance Corporation  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000021827

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carl C Walker  
(Name of Person)

All Peoples Insurance Corp.  
(Name of Firm/Company)

4943 SW 122nd Ter  
(Address)

Copper City, Fla. 32330  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carl C Walker at ( 954 ) 298-3177  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
05 JUN 20 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Carl C Walker, hereby resign as Vice president ~~Director~~  
(Title)

of All Peoples Insurance Corporation  
(Name of Corporation)

P95000021827

(Document Number, if known)

, a corporation organized under the laws of the State of

Florida

Carl C Walker 6/16/05  
(Signature of resigning officer/director)

**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