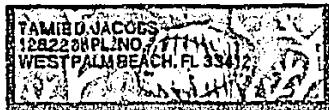


P95000053416

Requester's Name



City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

96 DEC 31  
TALLAHASSEE, FLORIDA  
SECURE MAIL  
FILED  
AM 11:00

Walk in  Pick up time \_\_\_\_\_  Certified Copy  
 Mail out  Will wait  Photocopy  Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

VS JAN 10 1997

RA Resig.

Examiner's Initials

**FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE**

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, JAMIE D. JACOBS  
(Name of registered agent)

hereby resigns as Registered Agent for OVERTON'S TREE CARE  
(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.

Jami L Jacob  
(Signature of resigning agent)

(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

**(Capacity)**

**Fee for filing this document:**

**\$87.50 - Active corporation  
\$35.00 - Administratively dissolved corporation**

DIVISION OF CORPORATIONS - P.O. BOX 6327 - TALLAHASSEE, FL 32314