

P95000060781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

(Business Entity Name)

(Document Number)

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### Certificates of Status

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03 JAN -3 PH 4:05

SECRETARY OF STATE  
LA JOLLA,  
CALIFORNIA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUNDAY ASSOCIATES, INC

(Name of Corporation)

**DOCUMENT NUMBER:** P95000060781

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

Please return all correspondence concerning this matter to the following:

DANIEL P FAGAN

(Name of Person)

SUNDAY ASSOCIATES, INC

(Name of Firm/Company)

116 WEST REYNOLDS

(Address)

PLANT CITY , FL 33566

(City/State and Zip Code)

For further information concerning this matter, please call:

J. RICHARD CLAVILLE, CPA

(Name of Person)

at ( 813 ) 684-9994

(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**

I, MELBA COX, hereby resign as PRESIDENT  
(Title)

of SUNDAY ASSOCIATES, INC.  
(Name of Corporation)

P95000060781, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

**FILED**

03 JAN - 3 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Melba B. Cox  
(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