

P95000060781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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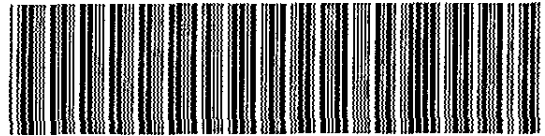
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

P95000060781
CID/Rev 3/28/03
1-3-03

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

Melba B. Cox
(Signature of resigning officer/director)

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03 JAN -3 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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