

P95000064480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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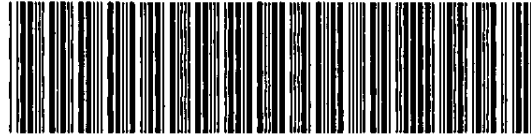
(Business Entity Name)

(Document Number)

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note

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GATOR LUBE OF CENTRAL FLORIDA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P95000064480

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 L. CAMPBELL

(Name of Person)

J-MAN ENTERPRISES, INC.

(Name of Firm/Company)

2240 HAMLET DR.

(Address)

MELBOURNE, FL 32934

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN L. CAMPBELL

(Name of Person)

at **(321) 482-8434**

(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

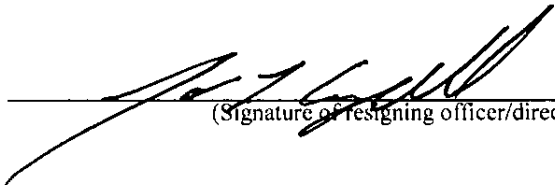
Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOHN L. CAMPBELL, hereby resign as VP
(Title)

of GATOR LUBE OF CENTRAL FLORIDA, INC.
(Name of Corporation)

P95000064480, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

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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