

P9666666/859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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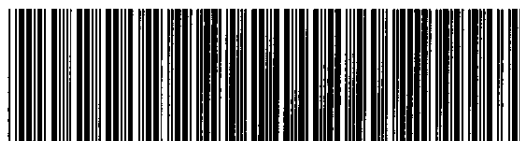
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOOD WITH CARE, INC.

(Name of Corporation)

DOCUMENT NUMBER: P96000001859

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

Please return all correspondence concerning this matter to the following:

KRISTI J. LAMB

(Name of Person)

FOOD WITH CARE, INC.

(Name of Firm/Company)

6995 VENTURE CIRCLE

(Address)

ORLANDO, FL 32807

(City/State and Zip Code)

For further information concerning this matter, please call:

KRISTI J. LAMB

(Name of Person)

at (407) 657-3880

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

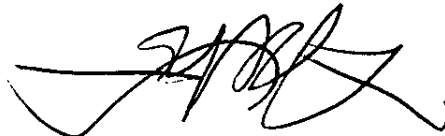
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, FRANK P. KNEEN, hereby resign as VP/SEC/DIRECTOR
(Title)

of FOOD WITH CARE, INC.
(Name of Corporation)

P96000001859, 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