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TRANSMITTAL LETTER

SUBJECT: Clave water Cloves Corp (Name of Corporation)
DOCUMENT NUMBER: <u>P9600014359</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
Clearwater Claver Corp (Name of Firm/Company)
855 Mandalay Ave (Address)
Clearwater Beach, FC 33767 (City/State and Zip Code)
For further information concerning this matter, please call:
Terry Crow, N at (727) 446-3130 (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

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

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, <u>Leo</u>	J. Con	nen, he	reby resign as	DUST	Title)	_
of Class	1 Water (Name	e of Corporation)	1 Coy	2	·	ï 7
P 9 6 0 0 (Document Nu	00/4259 mber, if known)	, a corporation	n organized und	er the laws of th	e State of	
Flor	ida			· .		
		1 CR	7	-	O3 APR -: SECRETAR ALLAHASS	<u></u>
	,,	(Signature of resign	ning officer/directo	r)	YOF STATE EE, FLORID	LED

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