

P96000102081

CLEMON JOHNSON

Requestor's Name

RR 4 Box 4088

Address

Monticello, FL 32344 850-997-

City/State/Zip

Phone # 1158

Office Use Only

FILED  
97 NOV -6 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. NORTH FLORIDA EMPLOYMENT, INC

(Corporation Name)

(Document #)

2. (Corporation Name)

(Document #)

Resignation of

3. (Corporation Name)

(Document #)

RA

4. (Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	None
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
97 NOV -6 PM 12:07  
DEPARTMENT OF STATE  
OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA

000002340060--9

-11/06/97-01050-002

\*\*\*\*\*70.00 \*\*\*\*\*35.00

FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE

## RESIGNATION OF REGISTERED AGENT

FILED  
97 NOV -6 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 1509,

Florida Statutes, the undersigned, CLEMON JOHNSON  
(Name of registered agent)

hereby resigns as Registered Agent for NORTH FLORIDA EMPLOYMENT, INC.  
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.  
The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

Clemon Johnson  
(Signature of resigning agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

DIVISION OF CORPORATIONS - P. O. BOX 6327 - TALLAHASSEE, FL 32314