P97000016442

(Requestor's Name)						
(Address)						
(Ac	ddress)					
(Ci	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	ısiness Entity Nar	me)				
(Do	ocument Number)					
Certified Coples	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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Off Resign /1/03

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		 		
SUB	BJECT: HAMILTON PRIN	ITING & OFFICE	SUPPLI	ES, INC.	
		(Name	of Corpora	tion)	
DOC	CUMENT NUMBER:	97000016442	-		
The	enclosed Officer/Director Re	esignation for a Co	orporation	and fee are sub	mitted for filing
Pleas	se return all correspondence	concerning this m	atter to the	following:	
SU	JSAN A FENNELL				
	(Name of F	erson)	· · · · · · · · · · · · · · · · · · ·		₾,
НА	AMILTON PRINTING & OF		3, INC.		w-
	(Name of Firm	/Company)			
P.C	O. BOX 1685				
	(Addre	ss)	<u></u>		u.
JAS	SPER FL 32052				
	(City/State and	Zip Code)			
For f	further information concerni	ng this matter, ple	ase call:		
SUS	SAN A. FENNELL	at (386 -)	792-3600	phone Number)
	(Name of Person)		Area Code	& Daytime Tele	phone Number)
Encl	losed is a check for \$35.00 m	nade payable to the	: Florida D	Department of S	State.
Ame Divis P.O.	iling Address: endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Addre Amendment S Division of C 409 E. Gaines Tallahassee, 1	orporation s Street	s	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. WILLIAM C. FENNELL		hereby resign as	VICE PRES. & DIRECTOR
			(Title)
of HAMILTON PRINTING & O			· · · · · · · · · · · · · · · · · · ·
(Na	me of Corpo	ration)	
P97000016442 (Document Number, if known)	, a cor	 poration organized ui	nder the laws of the State of
FLORIDA	•	*************************************	, es
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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