

P97000064984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

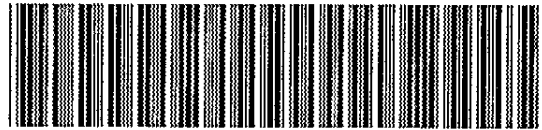
(Business Entity Name)

(Document Number)

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d/o Resign.
JPM
10/1/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRIPLE D ENTERPRISES INC.
(Name of Corporation)

DOCUMENT NUMBER: P97000064984

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

Please return all correspondence concerning this matter to the following:

DAVE O. DIXON
(Name of Person)

(Name of Firm/Company)

2502 SOUTH EAST 13TH COURT
(Address)

POMPANO BEACH, FL 33062
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVE O. DIXON at (954) 270-8699
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

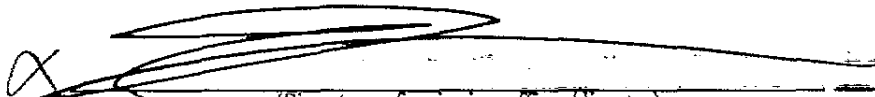
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DAVE D. DIXON, hereby resign as (VP) VICE PRESIDENT
(Title)

of TRIPLE "D" ENTERPRISES INC.
(Name of Corporation)

P97000064984, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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