

P97000071324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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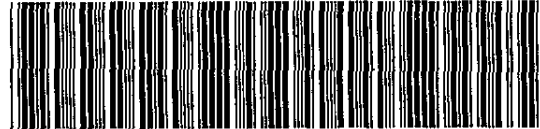
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAKER VINYL & ALUMINUM INC
(Name of Corporation)

DOCUMENT NUMBER: P97000071324

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

Please return all correspondence concerning this matter to the following:

RAYMOND L. COBB
(Name of Person)

(Name of Firm/Company)

6242 FAULKNER DRIVE
(Address)

JACKSONVILLE, FL 32244
(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond L Cobb at (904) 742-9264
(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, RAYMOND L. COBB, hereby resign as SECRETARY
(Title)
of BAKER VINYL & ALUMINUM, INC.
(Name of Corporation)
P97000071324, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

X Raymond L. Cobb Jr.
(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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A domestic or foreign corporation may correct a document filed by the Department of State within 30 days after filing if the document contains, an inaccuracy, an incorrect statement, was defectively executed, attested, sealed, verified or acknowledged, or the electronic transmission was defective.

Pursuant to Section 607.0124 or 617.0124, Florida Statutes, a document is corrected by preparing **Articles of Correction** that:

Describe the document, including its file date.

Specify the inaccuracy, incorrect statement, or defect.

Correct the inaccuracy, incorrect statement, or defect.

A form for **Articles of Correction** is attached. Additional sheets can be included if necessary. Pursuant to Section 607.0120 or 617.01201, Florida Statutes, the document must be typewritten or printed and must be legible.

Filing Fee	\$35.00
Certified Copy (Optional)	\$ 8.75
Certificate of Status (Optional)	\$ 8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached transmittal letter.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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Tallahassee, Florida 32399

For further information, you may contact the Amendment Section at (850) 245-6050.