## P98000044183

(Requestor's Name)		
(Address)		
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(Address)		
(City/State/Zip/Phone #)		
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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	JECT: CHARLES NORMAN WELDING, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P98000044183
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
CHA	ARLES NORMAN
	(Name of Person)
CHA	ARLES NORMAN WELDING, INC.
	(Name of Firm/Company)
864	0 WALDEN ROAD
	(Address)
JAC	CKSONVILLE, FL 32244
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
СНА	RLES NORMAN at ( 904 ) 993-1272
	(Name of Person) at (904) 993-1272 (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis P.O. I	ing Address: Independent Section Independent S

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DEBORAH NORMAN	, hereby resign as SECRETARY
	(Title)
of CHARLES NORMAN WELDING	·
(Name of	Corporation)
P98000044183 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	CAHASSEE, FLOR
Cel	borah Mornian

## 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