

P98000044183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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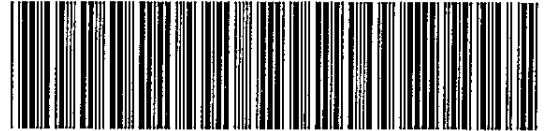
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7-29  
11/14/04

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHARLES NORMAN WELDING, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000044183  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

CHARLES NORMAN  
\_\_\_\_\_  
(Name of Person)

CHARLES NORMAN WELDING, INC.  
\_\_\_\_\_  
(Name of Firm/Company)

8640 WALDEN ROAD  
\_\_\_\_\_  
(Address)

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

For further information concerning this matter, please call:

CHARLES NORMAN at ( 904 ) 993-1272  
\_\_\_\_\_  
(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, DEBORAH NORMAN, hereby resign as SECRETARY  
(Title)

of CHARLES NORMAN WELDING, INC.  
(Name of Corporation)

P98000044183, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

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TALLAHASSEE, FLORIDA

*Deborah Norman*  
(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