

P98000083440

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CALHOUN ENTERPRISE OF CENTRAL FLORIDA, INC
(Name of Corporation)

DOCUMENT NUMBER: P98000083440

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

Please return all correspondence concerning this matter to the following:

ROBERT CALHOUN
(Name of Person)

TRIPLE C ENTERPRISE OF NORTH FLORIDA
(Name of Firm/Company)

3161 LORETTO ROAD
(Address)

JACKSONVILLE, FL 32223
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT CALHOUN at (904) 598-2844
(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

FILED
03 MAY - 1 PM 4:00
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ROBERT L CALHOUN, hereby resign as VICE PRESIDENT
(Title)

of CALHOUN ENTERPRISE OF CENTRAL FLORIDA, INC.,
(Name of Corporation)

P98000083440, 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

FILED
03 MAY -1 PM 4:00
CLERK OF STATE
TALLAHASSEE, FLORIDA