Requester's Name Of City/State/Zip Phone

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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OTHER FILINGS		<u>REGISTRATIO</u>	N/QUALIFICA	TION SIA	E D
Annual Report Fictitious Name	 	Foreign Limited Parti Reinstatemer Trademark Other	nt	ORIDA NO.	•

CR2E031(7/97)



OFFICER / DIRECTOR RESIGNATION

I, <u>Christine M. Hanson</u>	_, hereby resign as_	<u>Director/Treasurer</u> (Title)	
of Hanson Co (Name of Corporat		North Florida, Inc.	
a corporation organized under the laws of the Sta	ate of	Florida	
and affirm that the corporation has been notified	in writing of the resi	gnation.	
(Signafure of	My Hu resigning officer/directo	or)	1

FILING FEE IS \$35.00