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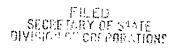
TO: Amendment Section Division of Corporations
SUBJECT: The W.E. Jones Group Inc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JEFFREY T. JONES (Name of Person)
THE W.E JONES GROUP, TIVC. (Name of Firm/Company)
160 WEST HAINES BLVD. Mailing addless: P.O Box 1296 LAKE ALFRED FL 33850 Lake Alfred, FL 33850
LAKE ALFRED FL 33850 Lake Alfred, FL 33850 (City/State and Zip Code)
For further information concerning this matter, please call:
<u>JEFFREY T TONES</u> at (863) 559-4532 (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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



16 MAR 30 AM 8: 21

ı, <u>(n</u>	nna Walta	erstrom-	JONOS, her	eby resign as \frac{1}{\overline{\chi_0}}	lice President, Son Lasurer, (Title), O	cretary
of			ne of Corporation)			,
- /	9800C Document Numbe	10197	78		er the laws of the State of	f
	Florida		•			

FILING FEE IS \$35.00

gning officer/director)

Make checks payable to Florida Department of State and mail to:

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