

P99000034041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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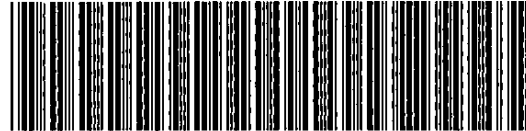
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA CONTRACTING CO., INC.
(Name of Corporation)

DOCUMENT NUMBER: 199000034041

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

Please return all correspondence concerning this matter to the following:

William CHANDLER
(Name of Person)

FLORIDA CONTRACTING CO., INC.
(Name of Firm/Company)

PO Box 25
(Address)

DELAWARE, FL 32721
(City/State and Zip Code)

For further information concerning this matter, please call:

William Chandler at (386) 736-2460
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2006

WILLIAM CHANDLER
FLORIDA CONTRACTING COMPANY, INC.
PO BOX 25
DELAND, FL 32721

SUBJECT: FLORIDA CONTRACTING COMPANY, INC.
Ref. Number: P99000034041

We have received your document for FLORIDA CONTRACTING COMPANY, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 206A00049313


**OFFICER / DIRECTOR RESIGN.
FOR A CORPORATION**

I, GEORGE A. NOCAN, hereby resign as Vf

of FLORIDA CONTRACTING CO., INC.
(Name of Corporation)

P99000034041, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

06 OCT 12 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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