

P99 0000 4 8/4-2

JOB PERFORMANCE ASSOCIATES, INC.  
P.O. BOX 440564  
JACKSONVILLE, FL 32222-0564

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

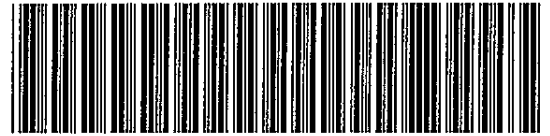
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2003 SEP 11 PM 4:30

O/D Resign.  
09/16/03  
Dc

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Job Performance Asso, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** 999000048142

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

Please return all correspondence concerning this matter to the following:

Wendy Waters  
(Name of Person)

Job Performance Asso, Inc  
(Name of Firm/Company)

PO Box 440564  
(Address)

Jacksonville FL 32224  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy Waters at (904) 778-7830  
(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, Michael A. Leigh hereby resign as Vice President  
(Title)

of Job Performance Associates, Inc.  
(Name of Corporation)

P99000048142, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Michael A. Leigh

(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

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