S96296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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9 off

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LLOYD PARSONS ENTERPRISES, 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:

LLOYD PARSONS
(Name of Person)

LLOYD PARSONS ENT., INC
(Name of Firm/Company)

895 MORRISON AVENUE
(Address)

ENGLEWOOD, FL 34223
(City/State and Zip Code)

For further information concerning this matter, please call:

LLOYD PARSONS at (941) 474-7236
(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

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, MEARL Burge, hereby resign as VICE PRESIDENT (Title)

of Lloyd PARSONS Enterprises, INCorporated (Name of Corporation)

S96296 (Document Number, if known), a corporation organized under the laws of the State of Florida.

Meryl Burge
(Signature of resigning officer/director)

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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