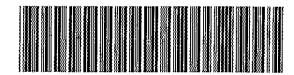
in the second

V32596

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200022963232

09/18/03--01079--003 **105.00

O3 SEP 18 AM II: 0

13 200 . 8. Co.

TRANSMITTAL LETTER

SUBJECT: GIS | Tec Gerocarto Fac officer resignation

DOCUMENT NUMBER: V3259(a

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

Please return all correspondence concerning this matter to the following:

Plac C Hart
(Name of Person)

GIS | Tec Gerocarto Fac
(Name of Firm/Company)

1104 & Baker St
(Address)

Plant City F1 335(66
(City/State and Zip Code)

For further information concerning this matter, please call:

Zolla E. Vida | at (813) 757 0091

(Name of Person)

(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

TO:

Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Pilar C. Hart	, hereby resign as	Chairman, f	reside itle)	<u>nt</u>	<u>q</u> D,	୯୧୯
of GIS/tec aerocarto. (Name of Corpora	Tnc.		·	; <u></u>		
V 3 2 5 9 6 a comp (Document Number, if known)	oration organized u	nder the laws of th	e State of	f		
Florida			AHAS AT 3RU	03 SEP 18		
Clar (Signature of	tof resigning officer/dire	ector)	er s	AM II: OI	m O	

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