

ORIGINAL

DEPOSIT DATE

470 JUN - 3 2004

CK# 112  
CK # 100.0

040522-TC 529.04  
RT

1. Name of company or name of individual (not fictitious name or d/b/a):

Robert E Martin

2. Name under which applicant will do business (fictitious name, etc.):

\_\_\_\_\_

3. Official mailing address:

Street: 2919 Conway Gardens Rd

P.O. Box: \_\_\_\_\_

City: Orlando

State: FL Zip: 32806

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4. Florida address:

Street: 2919 Conway Gardens Rd

P.O. Box: \_\_\_\_\_

City: Orlando

State: FL Zip: 32806

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other: \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State  
Corporate Registration Number: NONE

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SEC
- OTH \_\_\_\_\_

Form PSC/CMU-32 (02/99)  
Required by Commission Rule Nos. 25-24.510 & 25-24.511  
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