

ORIGINAL

DEPOSIT DATE

472 JUN 16 2004

CR # 1001
CK # 100.00
6-1-04
RT

040536-TC

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

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

3. Official mailing address:
Street: ONE ALTEL STADIUM PLACE
P.O. Box: _____
City: JACKSONVILLE
State: FL Zip: 32202

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COMMISSION CLERK

4. Florida address:
Street: 15801 SW 15TH STREET
P.O. Box: _____
City: WESTON
State: FL Zip: 33326

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

Check received with filing and returned to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:

JEH

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: _____

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.501
File Name: cmu-32.doc

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