

ORIGINAL

DEPOSIT DATE
474 JUN 24 2004

CK # 133
CK # 100 W
6-21-04

040587-TCR

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

SUZANNE C. BROWN

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

SUZANNE C. BROWN

3. Official mailing address:

Street: 5285 S. HILLS PT

P.O. Box: _____

City: LECANTO

State: FLORIDA

Zip: 34461

4. Florida address:

Street: 5285 S. HILLS PT

P.O. Box: _____

City: LECANTO

State: FLORIDA

Zip: 34461

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

CMP _____

COM _____

CTR _____

ECR _____

GCL _____

OPC _____

MMS _____

RCA _____

SCR _____

SEC 1

OTH _____

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

RECEIVED-FPSC
JUN 23 PM 3:42
COMMISSION
CLERK

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

Florida Secretary of State

Corporate Registration Number: N/A