

041264
ORIGINAL DEPOSIT DATE
5 03 NOV - 2 2004

CK# 608
CH# 100.⁰⁰
11-29-04
RT

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

2. Name under which applicant will do business (fictitious name, etc.):
~~VIANN~~ NONE

3. Official mailing address:
Street: 1424 PARK ST
P.O. Box: _____
City: CLEARWATER
State: FLORIDA Zip: 33755

4. Florida address:
Street: (SAME AS ABOVE) 1424 PARK ST
P.O. Box: _____
City: CLEARWATER
State: FLORIDA Zip: 33755

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: _____

- 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
File Name: cmu-32.doc

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2
DOCUMENT NUMBER-DATE
11736 NOV-1 03
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