

No Reg to Cancel 376-05  
 Reg it w attachment to 604/Flynn for handling  
 open dkt 04426-70 - Compliance investigation  
 Lane Jones  
 ORIGINAL  
 RECEIVED P-SC  
 MAR 15 PM 12:21

Company Code: TH021

Certificate No(s): 8517

COMMISSION  
CLERK

<p><b>Physical Location:</b>          614 S.E. 8th Place          Cape Coral, FL 33990-1224</p>	<p><b>ENTER CORRECTIONS BELOW:</b>          MR. JONES IS DECEASED          AS OF 9/7/04.</p>
<p><b>Mailing Address:</b>          614 S.E. 8th Place          Cape Coral, FL 33990-1224</p>	<p>THERE IS NO BUSINESS!          IT NEVER GOT OFF          THE GROUND.</p>
<p><b>Liaison Officer(s):</b>          1. Lane Jones, Owner, (239) 574-2270          2. Name, Title, Phone number</p>	<p>THE COMMISSION WAS          NOTIFIED IN NOV/NOV.          I SENT A NOTICE          TO VERIFY &amp; CANCEL</p>
<p><b>Fax No(s):</b> Fax 1, Fax 2  <b>E-mail address:</b> lanejones@peoplepc.com  <b>Web address:</b>  <b>Federal Employee ID No.:</b></p>	<p>ALL CORRESPONDENCE</p>

**IMPORTANT NOTICE**

The following section is applicable ONLY to companies with d/b/a as part of their official company name.

CMP — All official correspondence is addressed to the "Mailing Name" of regulated companies. The "Mailing Name" is the last d/b/a of the company's official name. Our records reflect the mailing name shown below for your company. If you prefer to receive official correspondence in another mailing name, please make the change in the space provided. The name can be no longer than 58 characters (including spaces) and MUST be part of the official company name.

ECR \_\_\_\_\_  
 GCL **Mailing name:**  
 Lane Jones  
 OPC \_\_\_\_\_

NMS \_\_\_\_\_  
 RCA **COMPLETED BY:** Virginia K. Cook **DATE:** 3/7/05  
 SCR \_\_\_\_\_  
 SEC | \_\_\_\_\_  
 OTH \_\_\_\_\_

DOCUMENT NUMBER & DATE  
 02061 MAR 16 10  
 FPSC-Commissioner

STATE OF FLORIDA

OFFICE of VITAL STATISTICS  
CERTIFIED COPY

REDACTED

CERTIFICATE OF DEATH  
FLORIDA

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO. 3924

1 DECEDENT'S NAME FIRST: Lane MIDDLE: A. LAST: Jones			2 SEX Male		
3 DATE OF DEATH (Month, Day, Year) September 7, 2004		4 SOCIAL SECURITY NUMBER		5a AGE Last Birthday (Years) 73	
6 DATE OF BIRTH (Month, Day, Year) April 29, 1931		7 PLACE OF BIRTH (City and State or Foreign Country) Ithaca, New York		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No	
9a PLACE OF DEATH (Check only one, see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				9b INSIDE CITY LIMITS? (Yes or No) Yes	
10 FACILITY NAME (If not residential, give street and number) 614 S.E. 8th Place			11 CITY, TOWN, OR LOCATION OF DEATH Cape Coral		
10a DECEDENT'S USUAL OCCUPATION Technician		10b KIND OF BUSINESS/INDUSTRY Appliance	11 MARITAL STATUS - Marital: Never Married, Widowed, Divorced (Specify) Widowed	12 SURVIVING SPOUSE (If male, give maiden name)	
13a RESIDENCE - STATE Florida		13b COUNTY Lee	13c CITY, TOWN, OR LOCATION Cape Coral	13d STREET AND NUMBER 614 S.E. 8th Place	
14 INSIDE CITY LIMITS? (Yes or No) Yes		15 ZIP CODE 33990	14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, Mexican Puerto Rican, etc.) No	15 RACE - American Indian, Black, White, etc. White	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) High School Graduate 12		17 FATHER'S NAME (First, Middle, Last) Horace L. Jones			
18 MOTHER'S NAME (First, Middle, Last) Freda L. Sullivan		19a INFANT'S NAME (Type or Print) Virginia K. Cronk			
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 614 S.E. 8th Place, Cape Coral, Florida 33990					
20a METHOD OF DISPOSITION Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Southeastern Crematory		20c LOCATION - City or Town, State Punta Gorda, Florida	
21a SIGNATURE OF FUNERAL SERVICE LICENSER OR PERSON ACTING AS SUCH <i>Shirley E. Johnson</i>		21b LICENSE NUMBER (of Licenses) K19 461	21c NAME AND ADDRESS OF FACILITY National Cremation Society 12820 Kenwood Lane, Ft. Myers, Florida 33907		
22a To my best knowledge and belief, I certify that the facts stated on this certificate are true and correct to the best of my knowledge and belief. (Signature and Title) <i>William A. Hayes</i>		22b SIGNATURE AND DATE 9-13-04	22c HOUR OF DEATH 7:59 A	23a On the basis of examinations made, I certify that the facts stated on this certificate are true and correct to the best of my knowledge and belief. (Signature and Title) 23b DATE SIGNED (Month, Day, Year) 23c HOUR OF DEATH	
24 NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER (Type or Print) William A. Hayes D.O. 2721 Del Prado Blvd, Cape Coral, Florida 33904					
25a REGISTRAR - SIGNATURE AND DATE <i>Theresa A. McElroy</i>		25b LOCAL REGISTRAR - SIGNATURE <i>Theresa A. McElroy</i>		25c DATE REGISTERED Sept. 27, 2004	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY *Theresa A. McElroy, Dep. Reg.* September 27, 2004 State Registrar

WARNING:  
C1176922

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1946 (10-03)

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED