State of Florida

RIGINAL

STEVE TRIBBLE, DIRECTOR DIVISION OF ADMINISTRATION (850) 413-6330



RECEIVED

Bublic Service Commission

APR 15 1998

FPSC - Records/Reporting

April 15, 1998

JULIA L. JOHNSON, CHAIRMAN

J. TERRY DEASON

SUSAN F. CLARK JOE GARCIA E. LEON JACOBS, JR.

> Mr. Fred Johnson, Jr 1463 W. 25th Street Jacksonville, FL 32209

> > CERTIFIED MAIL RETURN RECEIPT REQUESTED

980426-TC

Dear Sir:

You are hereby notified that your Check Number 2471 for \$100, dated March 24, 1998 drawn upon Educational Community Credit Union and payable to the Florida Public Service Commission has been dishonored.

Pursuant to Section 215.34, F.S., you have 30 days from receipt of this notice to tender payment of a cashier's check for the full amount dishonored plus a service charge of \$15. The total amount due is \$115.

Enclosed is a copy of the referenced check.

	Sin	cerely,
ACK .	<u> </u>	uly Holle
AFA .		elyn H. Sewell, Chief
APP	Bui	reau of Fiscal Services
CAF		S:joh.pp
CMU	Boiley En	closure Ms. Kay Flynn
CTR		Mrs. Pat Page
EAG		.
LEG	Pena	
LIN		
OPC		
RCH		

WASn Affirmative Action/Equal Opportunity Employer

CAPITAL CIRCLE OFFICE CENTER ● 2540 SHUMARD OAK BLVD ● TALLAHASSEE, FL 32399-0850 Internet E-mail: CONTACT@PSC.STATE.FL.US

OTH

PEDERAL RESERVE BANK	Principal Company of the Company of
FRED CALVIN JOHNSON, JR 10631-0019-9	2471
1463 W. 25TH ST. Insufficient Hands JACKSONVILLE, FL 32208 Account Closed Mach 24 19 78	63-7893/2630
Tantiffe - Storida Problic Service Commission -	100.00
One Hundry Hallow Brand 100	27-98
Educational Fiduciary Deceased Individual (Beneficiary)	1
090321399 Decement	<u></u>
	2

	DEBI	MEMORANDUM	! • • • • • • • • • • • • • • • • • • •	
TO : PUBLIC SERVICE	COMMISSION *	FOR OFFI DATE	ICIAL USE	NUMBER
	***	OFFICE OF	F FLORIDA STATE TREAS SSEE FLORII	
**************************************	AMOUNT 0.00		1	*
* TRUST		ACCOUNT CLOSED	2	2
	100.00	UNCOLLECTED FUNDS OTHER	4	*
CROSS	DISTRI	BUTION		

CRUSS	DISTRIBUTION		
REF	SAMAS CODE	REASON	AMOUNT
037	61-20-2-573003-61000000-00-000300-00	4	100.00

GRAND TOTAL:

100.00

Process Date: 03/31/98

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer

FLORIDA PAY TELEPHQNE GERTIFICATE APPLICATION

1.	- LEGAL NAME OF THE ARPENDANT Fred C. Johnson	
2 .	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS_	
	Fred C. Johnson	
3.	ADDRESS OF THE APPLICANT(S)	
	STREET 1463 W. 2574 St.	
	CITY Jacksonville	
	STATE & ZIP CODE Florida 32209	
4.	TYPE OF ORGANIZATION (CHECK ONE) √	
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:)
	DOCUMENTATION: No other documentation needed.	•
٠	B. PARTNERSHIP:	Ĺ
	DOCUMENTATION: Attach a copy of the partnership agreement, a name and address of all partners.	and a list with the
	C. CORPORATION:	
DOC	Florida Secretary of State's Office. If incorporated outside of Florida from the Florida Secretary of State that applicant has authority to Florida and provide name and address of Florida Registered Ageing	da, attach proof operate in
PH 904-	D CALVIN JOHNSON, JR 2471 04-354-5720 W. 25TH ST. SONVILLE, FL 32200 2471 03-7000/2000 10 14 19 18	
Ilon	Al Address and Plan	
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