



August 4, 1998

Via Federal Express

Ms. Blanca Bayo, Director  
Division of Records & Reporting  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

Re: Docket No. 980261-WS  
Application for Amendment of Certificate Nos. 570-W and  
496-S in Charlotte County by Florida Water Services Corporation

Dear Ms. Bayo:

Enclosed for filing in the above-referenced docket are sixteen copies of Appendix R-6 and Appendix S-4 as proof of noticing. Also enclosed is an original and fifteen copies of Late Filed Exhibit T.

Please acknowledge filing of these documents by date stamping the enclosed copy of this letter and returning it in the postage paid envelope provided.

If you need any additional information or other assistance, please call me at (407) 880-0058, ext. 260. Thank you for your cooperation.

Sincerely,

Matthew J. Feil  
Staff Attorney

Enclosures

RECEIVED & FILED

  
FPSC-BUREAU OF RECORDS

MAIL ROOM  
98 AUG -5 AM 10:04  
DOCUMENT NUMBER - DATE  
08253 AUG-5 98  
FPSC-RECORDS/REPORTING

**Appendix R-6**

**Certified Mail Return Receipt Cards for Entities**

This form must be completed at the PO and compared against the customer's receipt. Do not furnish this form to customers.

ATTACH appropriate fee as shown in Section 9319 of the DMG.

MAY 13 1998

1. AFTER MAILING: provide name of individual, company, or organization to whom delivered and date of delivery. (Attach appropriate fee as shown in Section 932.2 of the DMG)
2. DUPLICATE: provide name of individual, company, or organization to whom delivered, date of delivery, and place of delivery.

Mailing post office postmark to indicate fee previously paid for item 2.

3. Mailing Date 2-18-98 4. COD No.

5. Registered No. 6. Certified No. P246 492 834 7. Insured No. 8. Express Mail No.

9. Article Addressed To Boca Utilities Inc 7025-A Placida Road Englewood FL

10. To unable to read signature 11. Date of Delivery 2-20-98

12. Address (Complete only if requested) 13. Clerk's Initials

POSTAL RECORDS SHOW DELIVERY MAY 15 1998

PS Form 3811-A, July 1984 REQUEST FOR RETURN RECEIPT (AFTER MAILING)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

1. Article Addressed to:
Friedland Investments, Inc
St. Armands Cir.
400 Madison Dr.
Suite 200
Sarasota, FL 34236

4a. Article Number P246 492 8-3
4b. Service Type
Registered
Express Mail
Return Receipt for Merchandise
Certified
Insured
COD

5. Received By: (Print Name) 886/

7. Date of Delivery 2-23-98

6. Signature: (Addressee or Agent)
Kelli Gordon

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

This form must be completed at the PO and compared against the customer's receipt. Do not furnish this form to customers.

1b. Fee ATTACHED Section

Mailing post office postmark to indicate fee previously paid for item 2.

2. DUPLICATE: provide name of individual, company, or organization to whom delivered, date of delivery, and place of delivery.

3. Mailing Date 2-18-98

4. COD No.

5. Registered No. 6. Certified No. P246 492 834 7. Insured No. 8. Express Mail No.

9. Article Addressed To NHC Utilities Inc 3737 E-1 Jobean Rd Port Charlotte FL 33953

10. To 11. Date of Delivery 12. Address (Complete only if requested) 13. Clerk's Initials

POSTAL RECORDS SHOW DELIVERY MAY 15 1998

PS Form 3811-A, July 1984 REQUEST FOR RETURN RECEIPT (AFTER MAILING)

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:  
 Riantant Utilities, Inc  
 St. Armands Cir  
 400 Madison Dr.  
 Suite 200  
 Sarasota, FL 34236

4a. Article Number  
P 246 492 835

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-23-98

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X Velli Forta

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:  
 Board of County Comm.  
 Charlotte 2nd St. N. A. C.  
 18500 Maracle Cir  
 Fort Lauderdale, FL  
 33448

4a. Article Number  
P 246 492 44

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
2-23-98

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
X [Signature]

PS Form 3811, December 1994

Domestic Return Receipt

This form must be completed at the PO and compared against the customer's receipt. Do not furnish this form to customer.

1b. For return receipt after mailing ATTACH appropriate fees shown in Section 932.2 of the DMM.

**MAY 13 1998**

3. Mailing Date: 2-18-98

4. COD No.

5. Registered No.

6. Certified No. P246 492 845

7. Insured No.

8. Express Mail No.

9. Article Addressed To: DEP South District 2286 Victoria Ave Ft. Myers FL 33901

10. To: DEP 2286 Victoria Ave Ft. Myers FL 33901

11. Date of Delivery: 2-20-98 (D. Jones)

12. Address (Complete only if requested)

13. City, State, ZIP

14. Postmark of Delivery Office

POSTAL RECORDS SHOW DELIVERY

Do not prepare Section 932.2 above if not completed.

PS Form 3811-A, July 1984

REQUEST FOR RETURN RECEIPT (AFTER MAILING)

This form must be completed at the PO and compared against the customer's receipt. Do not furnish this form to customer.

**ATTN Section**

1. Mailing Date: 2-18-98

2. Mailing Date: 2-18-98

3. Mailing Date: 2-18-98

4. COD No.

5. Registered No. P246 492 846

6. Certified No.

7. Insured No.

8. Express Mail No.

9. Article Addressed To: Mayor, City of Punta Gorda 326 West Marion Avenue Punta Gorda FL 33950

10. To: MARY CHEEVER

11. Date of Delivery: 2/20/98

12. Address (Complete only if requested)

13. Clerk's Initials: AP

14. Postmark of Delivery Office: PUNTA GORDA, FL MAY 18 1998

POSTAL RECORDS SHOW DELIVERY

Do not process if Section 7b above is not completed.

PS Form 3811-A, July 1984 REQUEST FOR RETURN RECEIPT (AFTER MAILING)

This form must be completed at the PO and compared against the customer's receipt. Do not furnish this form to customer.

1b. For return receipt after mailing ATTACH appropriate fee as shown in Section 932.2 of the DMN

• CUSTOMER:—Complete items 1 or 2 and 3 through 9 below. Add your address in the "RETURN TO" space on reverse.

1<sup>st</sup> AFTER MAILING: provide name of individual, company, or organization to whom delivered and date of delivery. (Attach appropriate fee as shown in Section 932.2 of the DMN)

2<sup>nd</sup> DUPLICATE: provide name of individual, company, or organization to whom delivered and date of delivery.

3<sup>rd</sup> DUPLICATE: provide name of individual, company, or organization to whom delivered, date of delivery, and place of delivery.

1. Mailing Date: 2-18-98

2. Mailing Date: 2-18-98

3. Mailing Date: 2-18-98

4. COD No.

5. Registered No. P246 492 840

6. Certified No.

7. Insured No.

8. Express Mail No.

9. Article Addressed To: S.W. Florida Water Mgmt District 2379 Broad Street Brooksville FL 34609

10. To: SILAS ROOKER

11. Date of Delivery: 2-20-98

12. Address (Complete only if requested)

13. Clerk's Initials: JAW

14. Postmark of Delivery Office: BROOKSVILLE, FL MAY 21 1998

POSTAL RECORDS SHOW DELIVERY

Do not process if Section 1b above is not completed.

PS Form 3811-A, July 1984 REQUEST FOR RETURN RECEIPT (AFTER MAILING)

Our RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: Division of Records + Rep. Florida Public Serv. Comm. 2500 Shumard Oak Blvd Tallahassee, FL 32399

4a. Article Number: P 246 492 843

4b. Service Type:  Registered  Certified  Express Mail  Insured  Return Receipt for Merchandise  COD

7. Date of Delivery: FEB 20 1998

5. Received By: (Print Name) 866/

8. Addressee's Address (Only if requested and fee is paid)

Receipt

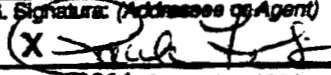
Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

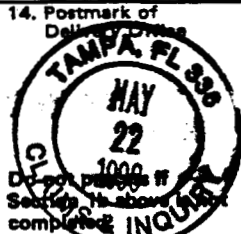
I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to: Clerk, Board of CC Desoto County 261 East Oak St. Arcadia, FL 34266-4426	4a. Article Number P 246492838
4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	7. Date of Delivery FEB. 20, 1998
5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) 	

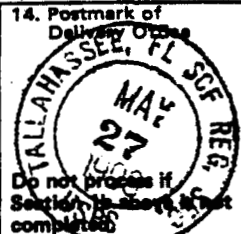
PS Form 3811, December 1994 Domestic Return Receipt

This form must be completed at the PO and compared against the customer's receipt. Do not furnish this form to customers.

1b. For return receipt after mailing ATTACH appropriate fees as shown in Section 932.2 of the DMM. <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; margin: 10px auto; padding: 5px;">MAY 13 1998</div> Mailing post office postmark to indicate fee previously paid for item 2.	• CUSTOMER:—Complete items 4 or 2 and 3 through 9 below. Add your address in the "RETURN TO" space on reverse. <input type="checkbox"/> 1 <sup>st</sup> AFTER MAILING: provide name of individual, company, or organization to whom delivered and date of delivery. (Attach appropriate fees as shown in Section 932.2 of the DMM.) <input checked="" type="checkbox"/> 2 <sup>nd</sup> DUPLICATE: provide name of individual, company, or organization to whom delivered and date of delivery. <input type="checkbox"/> 3 <sup>rd</sup> DUPLICATE: provide name of individual, company, or organization to whom delivered, date of delivery, and place of delivery.
3. Mailing Date 2-18-98	4. COD No.
5. Registered No.	6. Certified No. P246 492 839
7. Insured No.	8. Express Mail No.
9. Article Addressed To DEP Southwest District 3804 Coconut Palm Drive TAMPA FL 33618-8318	
10. To EPA - Cynthia M. Crawion	14. Postmark of Delivery Office 
11. Date of Delivery 2-20-98	13. Clerk's Initials R...
12. Address (Complete only if requested)	Do not provide if Section 932.2 of the DMM is not completed. INQUIRY

PS Form 3811-A, July 1984 REQUEST FOR RETURN RECEIPT (AFTER MAILING)

This form must be completed at the PO and compared against the customer's receipt. Do not furnish this form to customers.

1b. For return receipt after mailing ATTACH appropriate fees as shown in Section 932.2 of the DMM. <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; margin: 10px auto; padding: 5px;">MAY 13 1998</div> Mailing post office postmark to indicate fee previously paid for item 2.	• CUSTOMER:—Complete items 1 or 2 and 3 through 9 below. Add your address in the "RETURN TO" space on reverse. <input type="checkbox"/> 1 <sup>st</sup> AFTER MAILING: provide name of individual, company, or organization to whom delivered and date of delivery. (Attach appropriate fees as shown in Section 932.2 of the DMM.) <input checked="" type="checkbox"/> 2 <sup>nd</sup> DUPLICATE: provide name of individual, company, or organization to whom delivered and date of delivery. <input type="checkbox"/> 3 <sup>rd</sup> DUPLICATE: provide name of individual, company, or organization to whom delivered, date of delivery, and place of delivery.
3. Mailing Date 2-18-98	4. COD No.
5. Registered No.	6. Certified No. P246 492 841
7. Insured No.	8. Express Mail No.
9. Article Addressed To State of Florida Public Counsel The Capitol Tallahassee FL 32399-1300	
10. To	14. Postmark of Delivery Office 
11. Date of Delivery 2-20-98	13. Clerk's Initials C79
12. Address (Complete only if requested)	Do not provide if Section 932.2 of the DMM is not completed.

PS Form 3811-A, July 1984 REQUEST FOR RETURN RECEIPT (AFTER MAILING)

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Dallas Shepard  
12458 Swisher Ave  
Lake Buena Vista, FL  
34610

4a. Article Number

246 492 831

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

3-9-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*Dallas Shepard*

8. Addressee's Address (Only if requested and fee is paid)

**Appendix S-4**

**Certified Mail Return Receipt Cards for Customers**



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Robert B + Sharon  
 Helphenstine  
 24358 Kingsway Cir  
 Arcadia, FL 34266

4a. Article Number  
 P 246412 837

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 2-27-98

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)  
*[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Mr. William Byrd  
 3851 Loves Creek Drive  
 Howell, MI 48843

4a. Article Number  
 P 123 394 037

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 MAR 12 1998

5. Signature (Addressee)  
 KATHY BYRD

8. Addressee's Address (Only if requested and fee is paid)  
 USPS

6. Signature (Agent)  
*[Signature]*

PS Form 3811, December 1994 DOMESTIC RETURN RECEIPT

Fold at line over top of envelope to the

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Darwin and/or Imogene Hany  
 30 Rubi Circle  
 Hot Springs, AR 71909

4a. Article Number  
 P123 394 038

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
 3-10-98

5. Signature (Addressee)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

PS Form 3811, December 1994 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

- SENDER:**
- Complete items 1 and/or 2 for additional services.
  - Complete items 3, and 4a & b.
  - Print your name and address on the reverse of this form so that we can return this card to you.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - Write "Return Receipt Requested" on the mailpiece below the article number.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Duane and/or Joan Deplonty  
 P. O. Box 309  
 Punta Gorda, FL 33951

4a. Article Number  
 P123 394 039

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
**MAR 11 1996**

5. Signature (Addressee)  
*Debbie Honeywell*

6. Signature (Agent)  
*Debbie Honeywell*

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

- SENDER:**
- Complete items 1 and/or 2 for additional services.
  - Complete items 3, and 4a & b.
  - Print your name and address on the reverse of this form so that we can return this card to you.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - Write "Return Receipt Requested" on the mailpiece below the article number.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Ann Dalzite  
 23033 Westchester Blvd., Apt. D502  
 Port Charlotte, FL 33980

4a. Article Number  
 P123 394 040

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
**3-9**

5. Signature (Addressee)  
*Ann Dalzite*

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN ADDRESS completed on the reverse side?

- SENDER:**
- Complete items 1 and/or 2 for additional services.
  - Complete items 3, 4a, and 4b.
  - Print your name and address on the reverse of this form so that we can return this card to you.
  - Attach this form to the front of the mailpiece, or on the back if space does not permit.
  - Write "Return Receipt Requested" on the mailpiece below the article number.
  - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
 Willard Wade Dills  
 79 Raintree Dr.  
 Port Orange, FL  
 32127-5936

4a. Article Number  
 P 246 492 830

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
**3/19/98**

5. Received By: (Print Name)  
*X Willard Dills*

6. Signature: (Addressee or Agent)  
*X Willard Dills*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service

is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

G. C. Parsons  
121 Sinclair Street SE  
Port Charlotte, FL 33952

**4a. Article Number**

P 123 394 042

**4b. Service Type**

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

**7. Date of Delivery**

3-9-98

**5. Signature (Addressee)**

**6. Signature (Agent)**

**8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, December 1991 U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Charles H. Tapalian  
P. O. Box 6684  
Providence, RI 02940

**4a. Article Number**

P 123 394 043

**4b. Service Type**

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

**7. Date of Delivery**

MAR 11 1998

**5. Signature (Addressee)**

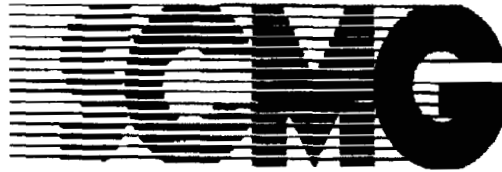
**6. Signature (Agent)**

**8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, December 1991 U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT

**Late Filed Exhibit T**

RECEIVED  
MAY 18 1998  
LEGAL DEPT.  
REAL PROPERTY ADMIN.



A SUN COAST MEDIA GROUP, INC PUBLICATION

Printers and Publishers of  
Charlotte Sun Herald  
Englewood Sun Herald  
North Port Sun Herald  
DeSoto Sun Herald  
Venice Gondolier

**PUBLISHER'S AFFIDAVIT OF PUBLICATION**

STATE OF FLORIDA,  
COUNTY OF Charlotte

Before the undersigned personally appeared Amy Perkins who on oath says she is Legal Clerk of the {Charlotte Sun Herald, Englewood Sun Herald, DeSoto Sun Herald, North Port Sun Herald, Venice Gondolier} a newspaper printed at Charlotte Harbor in Charlotte County, Florida; that the attached copy of advertisement being Legal Advertising in the matter of Notice Of Application in the issues of:

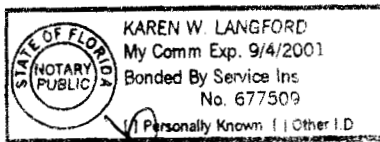
February 21, 1998

Affiant further says that the said newspaper has heretofore been continuously published in Charlotte County, Florida, Sarasota County, Florida, and DeSoto County, Florida, each day and has been entered as Second-Class mail matter at the Post Office in Punta Gorda, in said Charlotte County, Florida and at additional mailing offices, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says he/she has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

*Amy Perkins*  
(Signature of Affiant)

Sworn to and subscribed before me this 14th day of May 1998.

*Karen W. Langford*  
(Signature of notary public)



NOTICE OF APPLICATION FOR AN EXTENSION OF SERVICE AREA Notice is hereby given on February 18, 1998, pursuant to Section 367.045, Florida Statutes, of the Application of Florida Water Services Corporation to amend its Water Certificate No 570W and Wastewater Certificate No 496-S to add territory in Charlotte County, Florida, as follows:

CHARLOTTE COUNTY DEEP CREEK- PROPOSED ADDITION TO WATER AND WASTE WATER SERVICE TERRITORY:  
All in Township 40 South, Range 23 East, Charlotte County, Florida: Section 6  
All of the North 660 feet of Section 6 East of the East right of way of Interstate 75  
Any objection to the said application must be made in writing within thirty days from this date to: Director, Division of Records and Reporting Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida, 32399-0870. A copy of said objection should be mailed to the applicant whose address is: Florida Water Services Corporation, Attn: Matthew J. Feil, Esquire, P.O. Box 609520, Orlando, Florida 32860-9520  
Publish: 2/21/98  
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