



ORIGINAL

September 27, 1999

Via Federal Express

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

Re: Docket No. 980467-WS – Application for amendment of Certificates Nos. 373-W and 322-S to add territory in Marion County

Dear Ms. Bayo:

Enclosed for filing in the above-referenced matter please find an original and fifteen copies of Supplemental Late-Filed Exhibit T, and Supplemental Late-Filed Exhibit V.

Please acknowledge filing of this information by date-stamping the enclosed copy of this letter and returning it to me in the stamped, self-addressed envelope provided.

If you have any questions, please contact me at (407) 598-4162. Thank you for your assistance and cooperation in this matter.

Sincerely yours,

Matthew J. Feil
Staff Counsel

Enclosures

- AFA _____
- APP _____ dlh/Bayo-5
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- PAI _____
- SEC _____
- WAW _____
- OTH _____

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
99 SEP 28 AM 9:55
MAILROOM

DOCUMENT NUMBER-DATE

11724 SEP 28 99

FPSC-RECORDS/REPORTING

ORIGINAL

Supplemental Late-Filed Exhibit T

An affidavit that the notice of actual application was given in accordance with Section 367.045(1)(a), Florida Statutes, and Rule 25-30.030, Florida Administrative Code, by regular mail.

Proof of noticing will be provided as a late-filed exhibit.

An affidavit that notice was provided in accordance with Section 367.045 (1)(a), Florida Statutes and Rule 25-30.030, Florida Administrative Code for the previously un-noticed area west of SR 400 is attached.

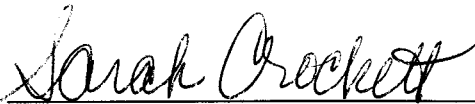
Affidavit

State of Florida
County of Orange

Before me, the undersigned authority, personally appeared Sarah Crockett, Legal Secretary of Florida Water Services Corporation ("Florida Water") and after being duly sworn, said:

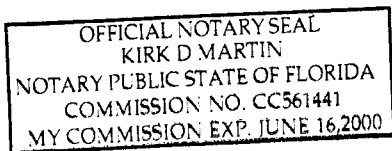
1. That she has personal knowledge of the matters contained herein.
2. Attached hereto and identified as "Supplemental Appendix T-1" is the letter to the commission.
3. Attached hereto and identified as "Supplemental Appendix T-2" is a list of entities provided by John D. Williams.
4. Attached hereto and identified as "Supplemental Appendix T-3" is a copy of the notice of application.
5. Copies of the notice of application, attached hereto and identified as "Second Supplemental Appendix T-4" were sent by U.S. Mail on August 23, 1999 to those entities identified by the Commission on the aforesaid "Supplemental Appendix T-2."
6. Attached hereto and identified as "Supplemental Late-Filed Exhibit V" is proof of publication.

Further Affiant sayeth not.



Sarah Crockett
Legal Secretary
Florida Water Services Corporation

The foregoing instrument was acknowledged before me this 27th day of September, 1999, by Sarah Crockett, Legal Secretary of Florida Water Services Corporation who is personally known to me and did take an oath.



Kirk D. Martin
Notary Public, State of Florida at Large
Commission Number CC561441
My Commission Expires: 6-16-00

Supplemental Appendix T-1

Letter to Commission



August 13, 1999

Via Facsimile: (850) 413-7000

Mr. Richard Redemann
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Re: Docket No. 980467-WS; Marion County Certificate Amendment

Dear Mr. Redemann:

Please forward to me a listing of the entities to be noticed in the above docket pursuant to Section 367.045(1)(a), Florida Statutes, and Rule 25-30.030, Florida Administrative Code.

I have attached the proposed addition to the water and wastewater territory (west of SR 200) for Marion County, as previously discussed with Matt Feil.

Please return the list via fax (407/598-4241) if possible.

If you should need any additional information in order to process this request, please call me at (407) 598-4162. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Sarah Crockett". The signature is written in black ink and is positioned above the typed name and title.

Sarah Crockett
Legal Secretary

Attachment

Marion County Territory Amendment Revised

8/12/99

Water & Wastewater Territory

The proposed addition to water and wastewater territory is as follows:

Township 17 South, Range 20 East and 19E, Marion County, Florida.

That part of Sections 13 and 24 in Township 17 South, Range 19 East, Marion County, Florida and Sections 3, 4, 5, 7, 8, 9, 16, 17, 18, 19, 20 and 30 in Township 17 South, Range 20 East, Marion County, Florida being one mile in width and being more particularly described as:

A tract of land lying northerly and easterly of the Withlacoochee River, lying southerly of the south quarter section line of Sections 3, 4, and 5 of Township 17 South Range 20 East, Marion County, Florida, and lying continuous to, northerly of and measuring one mile perpendicular to the center of State Road 200.

Supplemental Appendix T-2

List of Entities

STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JULIA L. JOHNSON
E. LEON JACOBS, JR.



DIVISION OF WATER & WASTEWATER
DANIEL M. HOPPE, DIRECTOR
(850) 413-6900

Public Service Commission

August 13, 1999

RECEIVED

AUG 18 1999

LEGAL DEP

Mr. Matt Feil, Esquire
Florida Water Services, Inc.
P.O. Box 609520
Orlando, FL 32860-9520

RE: Docket No. 980467-WS; Application for Amendment of certificates Nos. 373-W and 322-S to add territory in Marion County by Florida Water Services Corporation. (Noticing list for Marion and Citrus Counties)

Dear Mr. Feil:

Enclosed is the list of water and wastewater utilities and governmental/regulatory agencies in the above mentioned counties. Please refer to Commission Rule 25-30.030, Florida Administrative Code, for the noticing requirements. Noticing must be done in the proper format, consistent with the rule. If your notice is not in the proper format, you will be required to renotice and your application will be delayed. Instructions for preparation of a territory description are available upon request.

Please note that if your county list includes two Department of Environmental Protection offices or two Water Management District offices, you must identify which is the proper district office for your notice. You will note that the county list is dated and is valid for sixty days from that date. If you have not performed the noticing by this date, you must request an updated list.

If you have any questions, please contact the undersigned.

Sincerely,

Handwritten signature of John D. Williams in cursive.

John D. Williams, Chief
Bureau of Policy and Industry Structure

C:\wp6\980467g.rpr
Enclosures

LIST OF WATER AND WASTEWATER UTILITIES IN CITRUS COUNTY

(VALID FOR 60 DAYS)
08/13/1999-10/11/1999

UTILITY NAME

MANAGER

CITRUS COUNTY

| | |
|---|--------------------------------------|
| CINNAMON RIDGE UTILITIES, INC. (WU038) 6909 BEACH BLVD., LEISURE BEACH HUDSON, FL 34667-1995 | JAMES N. PAXTON (727) 863-2524 |
| CRYSTAL RIVER UTILITIES, INC. (WU764) % AQUASOURCE UTILITY, INC. 411 SEVENTH AVENUE PITTSBURGH, PA 15230 | JAMES LATHINEN (412) 393-6336 |
| ELDORADO WATER SYSTEM (WU745) P. O. BOX 1345 HOMOSASSA SPRINGS, FL 34447-1345 | JOHN RADAKE (352) 628-7463 |
| FLORIDA WATER SERVICES CORPORATION (WS224) P. O. BOX 609520 ORLANDO, FL 32860-9520 | BRIAN P. ARMSTRONG (407) 598-4152 |
| FOREST HILLS WATER SYSTEM (WU735) P. O. BOX 3187 HOMOSASSA SPRINGS, FL 34447-3187 | BILLY G. BLACK (352) 795-6995 |
| HEIGHTS WATER COMPANY (WU104) 10230 EAST HIGHWAY 25 BELLEVIEW, FL 34420-5531 | JAMES H. HODGES (352) 347-8228 |
| INDIAN SPRINGS UTILITIES, INC. (SU562) 7655 W. GULF TO LAKE HIGHWAY, SUITE 14 CRYSTAL RIVER, FL 34429-7961 | JEFF SCHRADE (352) 795-6986 |
| MEADOW WOOD (WU681) 1820 NORTH CHERRY TERRACE CRYSTAL RIVER, FL 34429-5547 | WANDA MCKEEVER (352) 795-6608 |
| MEADOWS UTILITY COMPANY, INC. (WS758) 1795 NORTH FLORIDA AVENUE HERNANDO, FL 34442-4422 | JERRY LAFORD (352) 860-2014 |
| ROLLING OAKS UTILITIES, INC. (WS205) P. O. BOX 641030 BEVERLY HILLS, FL 34464-1030 | DON PHILLIPS (352) 746-4291 |

LIST OF WATER AND WASTEWATER UTILITIES IN CITRUS COUNTY

(VALID FOR 60 DAYS)
08/13/1999-10/11/1999

UTILITY NAME

MANAGER

CITRUS COUNTY (continued)

WELLAQUA CO. (WU726)
P. O. BOX 2790
HOMOSASSA SPRINGS, FL 34447-2790

JEROME C. SALMONS, JR.
(352) 795-8765

WINDSTREAM UTILITIES COMPANY (WU631)
P. O. BOX 4201
OCALA, FL 34478-4201

SHARON (SHARI) DLOUHY
(352) 620-8290

LIST OF WATER AND WASTEWATER UTILITIES IN CITRUS COUNTY

(VALID FOR 60 DAYS)
08/13/1999-10/11/1999

UTILITY NAME

MANAGER

GOVERNMENTAL AGENCIES

CITY MANAGER, CITY OF INVERNESS
212 WEST MAIN STREET
INVERNESS, FL 34450-4801

CLERK, BOARD OF COUNTY COMMISSIONERS, CITRUS COUNTY
COUNTY COURTHOUSE
INVERNESS, FL 32650

DEP SOUTHWEST DISTRICT
3804 COCONUT PALM DRIVE
TAMPA, FL 33618-8318

MAYOR, CITY OF CRYSTAL RIVER
123 N. W. HIGHWAY 19
CRYSTAL RIVER, FL 32629-3930

S.W. FLORIDA WATER MANAGEMENT DISTRICT
2379 BROAD STREET
BROOKSVILLE, FL 34609-6899

WITHLACOOCHEE REG. PLANNING COUNCIL
1241 S.W. 10TH STREET
OCALA, FL 34474-2798

LIST OF WATER AND WASTEWATER UTILITIES IN CITRUS COUNTY

(VALID FOR 60 DAYS)
08/13/1999-10/11/1999

UTILITY NAME

MANAGER

STATE OFFICIALS

STATE OF FLORIDA PUBLIC COUNSEL
C/O THE HOUSE OF REPRESENTATIVES
THE CAPITOL
TALLAHASSEE, FL 32399-1300

DIVISION OF RECORDS AND REPORTING
FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850

LIST OF WATER AND WASTEWATER UTILITIES IN MARION COUNTY

(VALID FOR 60 DAYS)
08/13/1999-10/11/1999

UTILITY NAME

MANAGER

MARION COUNTY

A. P. UTILITIES, INC. (WU592)
3925 S.E. 45TH COURT, SUITE E
OCALA, FL 34480-7431

PHILIP D. WOODS
(352) 694-7474

BFF CORP. (SU595)
P. O. BOX 5220
OCALA, FL 34478-5220

CHARLES DE MENZES
(352) 622-4949

C.F.A.T. H2O, INC. (WS719)
P. O. BOX 5220
OCALA, FL 34478-5220

CHARLES DE MENZES
(352) 622-4949

COUNTYWIDE UTILITY COMPANY (WU008)
P. O. BOX 1476
OCALA, FL 34478-1476

DIRK J. LEEWARD
(352) 245-7007

DECCA UTILITIES, A DIVISION OF DECCA (WS465)
11637 S.W. 90TH TERRACE
OCALA, FL 34481

JAMES A. BELL
(352) 854-6210

EAGLE SPRINGS UTILITIES, INC. (WU470)
P. O. BOX 1975
SILVER SPRINGS, FL 34489-1975

LEONARD (LEN) B. TABOR
(352) 351-8800

EAST MARION SANITARY SYSTEMS, INC. (SU535)
P. O. BOX 245
SILVER SPRINGS, FL 34489-0245

HERBERT HEIN
(352) 351-1338

EAST MARION SANITARY SYSTEMS, INC. (WU536)
P. O. BOX 245
SILVER SPRINGS, FL 34489-0245

HERBERT HEIN
(352) 351-1338

FLORIDA WATER SERVICES CORPORATION (WS487)
P. O. BOX 609520
ORLANDO, FL 32860-9520

BRIAN P. ARMSTRONG
(407) 598-4152

LINADALE WATER COMPANY (WU148)
24901 S.E. COUNTY HIGHWAY 42
UMATILLA, FL 32784-9144

FANNIE J. SHIELDS
(352) 669-3589

LITTLE SUMTER UTILITY COMPANY (WS762)
1100 MAIN STREET
LADY LAKE, FL 32159-7719

H. GARY MORSE

LIST OF WATER AND WASTEWATER UTILITIES IN MARION COUNTY

(VALID FOR 60 DAYS)
08/13/1999-10/11/1999

UTILITY NAME

MANAGER

MARION COUNTY (continued)

| | |
|---|--|
| LOCH HARBOUR UTILITIES, INC. (WS151) P. O. BOX 2100 OCALA, FL 34478-2100 | JOSEPH C. MCCOUN (352) 732-2100 |
| MARION UTILITIES, INC. (WS160) 710 N.E. 30TH AVENUE OCALA, FL 34470-6460 | TIM E. THOMPSON (352) 622-1171 |
| OCALA OAKS UTILITIES, INC. (WU174) 1343 N.E. 17TH ROAD OCALA, FL 34470-4600 | MICHAEL ELLZEY (352) 732-3504 |
| OCALA SPRINGS UTILITIES INC. (WS808) 4837 SWIFT ROAD, SUITE 100 SARASOTA, FL 34231-5157 | GERALD S. ALLEN (941) 925-3088 |
| PALM CAY UTILITIES, INC. (WU803) 10641 S.W. 80TH AVENUE OCALA, FL 34481-9146 | JON M. KURTZ (352) 854-0408 |
| PINE RUN UTILITIES, INC. (WU337) 11637 S.W. 90TH TERRACE OCALA, FL 34481 | JAMES A. BELL (352) 854-6210 |
| QUAIL MEADOW UTILITIES, INC. (WU532) 2477 EAST COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308-4041 | STEPHEN G. MEHALLIS (954) 491-1722 |
| RAINBOW SPRINGS UTILITIES, L.C. (WS199) P. O. BOX 1850 DUNNELLON, FL 34430-1850 | LOWELL D. SMALLRIDGE (352) 489-5264 |
| RESIDENTIAL WATER SYSTEMS, INC. (WU370) P. O. BOX 5220 OCALA, FL 34478-5220 | CHARLES DEMENZES (352) 622-4949 |
| S & L UTILITIES, INC. (SU327) P. O. BOX 4186 OCALA, FL 34478-4186 | CHARLES FLETCHER, JR. (352) 624-1767 622-7236 |
| SILVER CITY UTILITIES (WU362) 355 PRINCES STREET KINCARDINE, ONTARIO CANADA N2Z 2-7, | DAVID SMALL (519) 396-2658 |

LIST OF WATER AND WASTEWATER UTILITIES IN MARION COUNTY

(VALID FOR 60 DAYS)
08/13/1999-10/11/1999

UTILITY NAME

MANAGER

MARION COUNTY (continued)

| | |
|--|--|
| SPRUCE CREEK SOUTH UTILITIES, INC. (SU653) 8501 S.E. 140TH LANE ROAD SUMMERFIELD, FL 34491 | JAY A. THOMPSON (352) 347-0038 |
| SPRUCE CREEK SOUTH UTILITIES, INC. (WU591) 8501 S.E. 140TH LANE ROAD SUMMERFIELD, FL 34491 | JAY A. THOMPSON (352) 347-0038 |
| STEEPLECHASE UTILITY COMPANY, INC. (WS598) % STONECREST 11053 S.E. 174TH LOOP SUMMERFIELD, FL 34491-8619 | L. HALL ROBERTSON, JR. (352) 307-1033 |
| SUN COMMUNITIES OPERATING LIMITED PARTNERSHIP (WS746) ATTN: SADDLE OAK CLUB 31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS, MI 48334 | JAN CARR (407) 521-9533 |
| SUNSHINE UTILITIES OF CENTRAL FLORIDA, INC. (WU239) 10230 S.E. HIGHWAY 25 BELLEVIEW, FL 34420-5531 | JAMES H. HODGES (352) 347-8228 |
| TRADEWINDS UTILITIES, INC. (WS350) P. O. BOX 5220 OCALA, FL 34478-5220 | CHARLES DE MENZES (352) 622-4949 |
| UTILITIES, INC. OF FLORIDA (SU661) 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FL 32714-4099 | DONALD RASMUSSEN (407) 869-1919 |
| UTILITIES, INC. OF FLORIDA (WU443) 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FL 32714-4099 | DONALD RASMUSSEN (407) 869-1919 |
| VENTURE ASSOCIATES UTILITIES CORP. (WU512) 2661 N.W. 60TH AVENUE OCALA, FL 34482-3933 | ARTHUR F. TAIT (352) 732-8662 |
| WINDSTREAM UTILITIES COMPANY (WU385) P. O. BOX 4201 OCALA, FL 34478-4201 | SHARON (SHARI) DLOUHY (352) 620-8290 |

LIST OF WATER AND WASTEWATER UTILITIES IN MARION COUNTY

(VALID FOR 60 DAYS)
08/13/1999-10/11/1999

UTILITY NAME

MANAGER

GOVERNMENTAL AGENCIES

CLERK, BOARD OF COUNTY COMMISSIONERS, MARION COUNTY
P. O. BOX 1030
OCALA, FL 32678-1030

DEP CENTRAL DISTRICT
3319 MAGUIRE BLVD., SUITE 232
ORLANDO, FL 32803-3767

DEP SOUTHWEST DISTRICT
3804 COCONUT PALM DRIVE
TAMPA, FL 33618-8318

MAYOR, CITY OF BELLEVIEW
5343 S.E. ABSHIER BLVD.
BELLEVIEW, FL 34420-3904

MAYOR, CITY OF DUNNELLON
20750 RIVER DRIVE
DUNNELLON, FL 34431-6744

MAYOR, CITY OF OCALA
P. O. BOX 1270
OCALA, FL 32678-1270

MAYOR, TOWN OF REDDICK
P. O. BOX 203
REDDICK, FL 32686-0203

ROBERT TITTERINGTON, MARION COUNTY
601 S.E. 25TH AVENUE
OCALA, FL 34471

S.W. FLORIDA WATER MANAGEMENT DISTRICT
2379 BROAD STREET
BROOKSVILLE, FL 34609-6899

LIST OF WATER AND WASTEWATER UTILITIES IN MARION COUNTY

(VALID FOR 60 DAYS)
08/13/1999-10/11/1999

UTILITY NAME

MANAGER

ST. JOHNS RIVER WTR MANAGEMENT DISTRICT
P.O. BOX 1429
PALATKA, FL 32178-1429

TOWN CLERK/MANAGER, TOWN OF MCINTOSH
P. O. BOX 165
MCINTOSH, FL 32664-0165

WITHLACOCOCHEE REG PLANNING COUNCIL
1241 S.W. 10TH STREET
OCALA, FL 34474-2798

STATE OFFICIALS

STATE OF FLORIDA PUBLIC COUNSEL
C/O THE HOUSE OF REPRESENTATIVES
THE CAPITOL
TALLAHASSEE, FL 32399-1300

DIVISION OF RECORDS AND REPORTING
FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850

Supplemental Appendix T-3

Copy of Notice

NOTICE OF AMENDED APPLICATION FOR AN
EXTENSION OF SERVICE AREA

Notice is hereby given on August 23, 1999 pursuant to Section 367.045, Florida Statutes, of the amendment to the pending application of Florida Water Services Corporation to amend its Water Certificate No. 373-W and its Wastewater Certificate No. 322-S to add territory in Marion County, Florida. The territory addition described below is noticed in order to complete a territory settlement between Florida Water Services and Marion County.

The proposed further addition to Florida Water Services's water and wastewater territory is as follows:

Township 17 South, Range 20 East and 19East, Marion County, Florida.

That part of Sections 13 and 24 in Township 17 South, Range 19 East, Marion County, Florida and Sections 3, 4, 5, 7, 8, 9, 16, 17, 18, 19, 20 and 30 in Township 17 South, Range 20 East, Marion County, Florida being one mile in width and being more particularly described as:

A tract of land lying northerly and easterly of the Withlacoochee River, lying southerly of the south quarter section line of Sections 3, 4, and 5 of Township 17 South Range 20 East, Marion County, Florida, and lying continuous to, northerly of and measuring one mile perpendicular to the center of State Road 200.

Any objection to the amended application must be made in writing within thirty days from the above date to: Director, Division of Records and Reporting, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida, 32399-0870. A copy of any objection should be mailed to the Applicant, whose address is: Florida Water Services Corporation, Attn: Matthew J. Feil, Esq., P.O. Box 609520, Orlando, Florida, 32860-9520.

Second Supplemental Appendix T-4

Certified Mail Return Receipt Cards

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: Mayor, City of Belleview
 343 SW Abshier Blvd.
 Belleview, FL 34420-3904

4a. Article Number: Z 332 792 536

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

7. Date of Delivery: 8-25-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *A. Kittalee*

PS Form 3811, December 1994 Domestic Return Receipt

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: Mayor, Town of Reddick
 PO Box 203
 Reddick, FL 32686-0203

4a. Article Number: Z 332 792 537

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

7. Date of Delivery: 8/25/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *Lee Farrell*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.
 Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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: Clerk, BOCC, Marion County
 PO Box 1030
 Ocala, FL 32678-1030

4a. Article Number: Z 332 792 535

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

7. Date of Delivery: 8-25-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *Bowley*

PS Form 3811, December 1994 Domestic Return Receipt

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: St. Johns River Wtr Mgt District
 PO Box 1429
 Palatka, FL 32178-1429

4a. Article Number: Z 332 792 538

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

7. Date of Delivery: 8/25/99

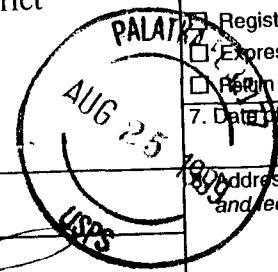
5. Received By: (Print Name)

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.
 Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.



| | | | |
|---|--|---|--|
| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 1. Article Addressed to: Withlacoochee Reg Planning Council 1241 SW 10 th Street Ocala, FL 34474-2798 | | 4a. Article Number Z 332 792 529 | |
| | | 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 8-25-94 | |
| 2. Received By: (Print Name) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 3. Signature (Addressee or Agent) <i>Paul Sheerer</i> | | | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 Domestic Return Receipt | |

| | | | |
|--|--|---|--|
| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input checked="" type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: Lowell D. Smallridge Rainbow Springs Utilities, Inc. PO Box 1850 Dunnellon, FL 34430-1850 | | 4a. Article Number Z 332 792 531 | |
| | | 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 | |
| 5. Received By: (Print Name) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Addressee or Agent) <i>Edlie Foster</i> | | | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 Domestic Return Receipt | |

Thank you for using Return Receipt Service.
Is your RETURN ADDRESS completed on the reverse side?

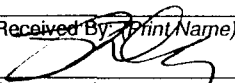
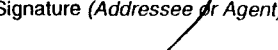
Thank you for using Return Receipt Service.

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| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 4. Article Addressed to: Ron M. Kurtz Sun Cay Utilities, Inc. 1641 SW 80 th Ave Ocala, FL 34481-9146 | | 4a. Article Number Z 332 792 530 | |
| | | 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 8-25-94 | |
| 5. Received By: (Print Name) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Addressee or Agent) <i>Wylde Pearson</i> | | | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 Domestic Return Receipt | |

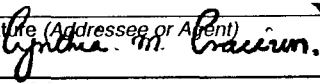
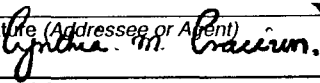
Thank you for using Return Receipt Service.
Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

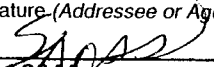
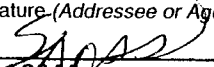
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| SENDER: <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input checked="" type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: Jan Carr Sun Communities Operating Lim. Attn: Saddle Oak Club 31700 Middlebelt Rd, Suite 145 Farmington Hills, MI 48334 | | 4a. Article Number Z 332 792 533 | |
| | | 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 8-27-94 | |
| 5. Received By: (Print Name) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature (Addressee or Agent) <i>Donnell Hill</i> | | | |
| PS Form 3811, December 1994 | | Domestic Return Receipt | |

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| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input checked="" type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: Sharon Dlouhy Windstream Utilities Co PO Box 4201 Ocala, FL 34478-4201 | | 4a. Article Number Z 332 792 525 | |
| | | 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 8/23 | |
| 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 | | 102595-99-B-0223 Domestic Return Receipt | |

Thank you for using Return Receipt Service.

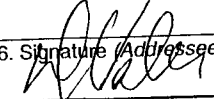
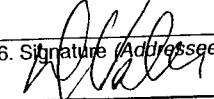
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| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: DEP Southwest District 3804 Coconut Palm Drive Tampa, FL 33618-8318 | | 4a. Article Number Z 332 792 526 | |
| | | 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 8/25/99 | |
| 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 | | 102595-99-B-0223 Domestic Return Receipt | |

Thank you for using Return Receipt Service.

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| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input checked="" type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: Mayor, City of Ocala PO Box 1270 Ocala, FL 32678-1270 | | 4a. Article Number Z 332 792 527 | |
| | | 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 8/25/99 | |
| 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 | | 102595-99-B-0223 Domestic Return Receipt | |

Is your RETURN RECEIPT completed on the reverse side?

Thank you for using Return Receipt Service.

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| SENDER: <input checked="" type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: SW Florida Water Management District 2379 Broad Street Brooksville, FL 34609-6899 | | 4a. Article Number Z 332 792 528 | |
| | | 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 8-25-99 | |
| 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 | | 102595-99-B-0223 Domestic Return Receipt | |

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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| ENDER: 1 Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. 2 Print your name and address on the reverse of this form so that we can return this card to you. 3 Attach this form to the front of the mailpiece, or on the back if space does not permit. 4 Write "Return Receipt Requested" on the mailpiece below the article number. 5 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| Article Addressed to: hen G. Mehallis 1 Meadow Utilities, Inc. East Commercial Blvd. auderdale, FL 33308-4041 | | 4a. Article Number Z 332 792 521 | 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |
| Received By: (Print Name) | | 7. Date of Delivery 8/26/99 | 8. Addressee's Address (Only if requested and fee is paid) |
| Signature (Addressee or Agent) <i>Nina Bellary</i> | | | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 | Domestic Return Receipt |

Thank you for using Return Receipt Service.

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| SENDER: 1 Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. 2 Print your name and address on the reverse of this form so that we can return this card to you. 3 Attach this form to the front of the mailpiece, or on the back if space does not permit. 4 Write "Return Receipt Requested" on the mailpiece below the article number. 5 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: L. Hall Robertson, Jr. Steeplechase Utility Co, Inc. 11053 SE 174 th Loop Summerfield, FL 34491-8619 | | 4a. Article Number Z 332 792 533 | 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 |
| 5. Received By: (Print Name) | | 7. Date of Delivery 8-25-99 All-Born | 8. Addressee's Address (Only if requested and fee is paid) |
| 6. Signature (Addressee or Agent) <i>[Signature]</i> | | | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 | Domestic Return Receipt |

Thank you for using Return Receipt Service.

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| ENDER: 1 Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. 2 Print your name and address on the reverse of this form so that we can return this card to you. 3 Attach this form to the front of the mailpiece, or on the back if space does not permit. 4 Write "Return Receipt Requested" on the mailpiece below the article number. 5 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| Article Addressed to: Charles Fletcher, Jr. S&L Utilities, Inc. PO Box 4186 Ocala, FL 34478-4186 | | 4a. Article Number Z 332 792 522 | 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 |
| 5. Received By: (Print Name) <i>Charles Fletcher</i> | | 7. Date of Delivery 8/23/99 | 8. Addressee's Address (Only if requested and fee is paid) |
| 6. Signature (Addressee or Agent) <i>[Signature]</i> | | | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 | Domestic Return Receipt |

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

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| SENDER: 1 Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. 2 Print your name and address on the reverse of this form so that we can return this card to you. 3 Attach this form to the front of the mailpiece, or on the back if space does not permit. 4 Write "Return Receipt Requested" on the mailpiece below the article number. 5 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: Charles DeMenzes Tradewinds Utilities, Inc. PO Box 5220 Ocala, FL 34478-5220 | | 4a. Article Number Z 332 792 524 | 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 |
| 5. Received By: (Print Name) | | 7. Date of Delivery 8/25 | 8. Addressee's Address (Only if requested and fee is paid) |
| 6. Signature (Addressee or Agent) <i>[Signature]</i> | | | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 | Domestic Return Receipt |

Thank you for using Return Receipt Service.

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:
 Mayor, City of Dunnellon
 20750 River Drive
 Dunnellon, FL 34431-6744

4a. Article Number
 Z 332 792 517

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

7. Date of Delivery

5. Received By: (Print Name)
 Erik May

6. Signature: (Addressee or Agent)
 X

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

PS Form 3811, December 1994 Domestic Return Receipt

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, 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

3. Article Addressed to:
 Town Clerk/Manager, Town of McIntosh
 PO Box 165
 McIntosh, FL 32664-0165

4a. Article Number
 Z 332 792 519

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

7. Date of Delivery
 8-25-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 M. Mayor

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

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

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:
 Titterington, Marion Cty
 SE 25th Ave
 Ocala, FL 34471

4a. Article Number
 Z 332 792 518

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

7. Date of Delivery

5. Received By: (Print Name)
 TERRY GOFF

6. Signature: (Addressee or Agent)
 Cherry Goff

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

PS Form 3811, December 1994 Domestic Return Receipt

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, 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

3. Article Addressed to:
 Gerald S. Allen
 Ocala Springs Utilities, Inc.
 4837 Swift Road, Suite 100
 Sarasota, FL 34231

4a. Article Number
 Z 332 792 520

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

7. Date of Delivery
 8/25/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 G. Allen

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

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

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| 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: | | 4a. Article Number | |
| Jay A. Thompson Spruce Creek South Utilities, Inc. 8501 SE 140 th Lane Road Summerfield, FL 34491 | | Z 332 792 513 | |
| | | 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 | |
| | | 2/25/99 | |
| 5. Received By: (Print Name) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature: (Addressee or Agent) | | | |
| X <i>[Signature]</i> | | | |
| PS Form 3811, December 1994 | | Domestic Return Receipt | |

Thank you for using Return Receipt Service.

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| 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: | | 4a. Article Number | |
| Arthur F. Tait Ventgure Associates Utilities, Corp 2661 NW 60 th Ave Ocala, FL 34482-3933 | | Z 332 792 515 | |
| | | 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 | |
| | | 8/26/99 | |
| 5. Received By: (Print Name) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature: (Addressee or Agent) | | | |
| X <i>[Signature]</i> | | | |
| PS Form 3811, December 1994 | | Domestic Return Receipt | |

Thank you for using Return Receipt Service.

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| 3. Article Addressed to: | | 4a. Article Number | |
| James H. Hodges Sunshine Utilities of Central FL 10230 SE HWY 25 Belleview, FL 34420-5531 | | Z 332 792 514 | |
| | | 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 | |
| | | 8-25-99 | |
| 5. Received By: (Print Name) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature: (Addressee or Agent) | | | |
| X <i>[Signature]</i> | | | |
| PS Form 3811, December 1994 | | Domestic Return Receipt | |

Thank you for using Return Receipt Service.

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| 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: | | 4a. Article Number | |
| DEP Central District 3319 Maguire Blvd. Suite 232 Orlando, FL 32803-3767 | | Z 332 792 514 | |
| | | 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 | |
| | | 8-25-99 | |
| 5. Received By: (Print Name) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| 6. Signature: (Addressee or Agent) | | | |
| X <i>[Signature]</i> | | | |
| PS Form 3811, December 1994 | | Domestic Return Receipt | |

Thank you for using Return Receipt Service.

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| 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: | | 4a. Article Number | |
| Tim E. Thompson Marion Utilities, Inc. 710 NE 30 th Ave Ocala, FL 34470-6460 | | Z 332 792 509 | |
| 5. Received By: (Print Name) | | 4b. Service Type | |
| [Signature] | | <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 | |
| 6. Signature: (Addressee or Agent) | | 7. Date of Delivery | |
| [Signature] | | 8/28 | |
| PS Form 3811, December 1994 | | Domestic Return Receipt | |

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| 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: | | 4a. Article Number | |
| James A. Bell Pine Run Utilities, Inc. 11637 SW 90 th Terrace Ocala, FL 34481 | | Z 332 792 511 | |
| 5. Received By: (Print Name) | | 4b. Service Type | |
| [Signature] | | <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 | |
| 6. Signature: (Addressee or Agent) | | 7. Date of Delivery | |
| [Signature] | | 8-25-99 | |
| PS Form 3811, December 1994 | | Domestic Return Receipt | |

Thank you for using Return Receipt Service. Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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| 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: | | 4a. Article Number | |
| Michael Ellzey Ocala Oaks Utilities, Inc 1343 NE 17 th Road Ocala, FL 34470-4600 | | Z 332 792 510 | |
| 5. Received By: (Print Name) | | 4b. Service Type | |
| [Signature] | | <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD | |
| 6. Signature: (Addressee or Agent) | | 7. Date of Delivery | |
| [Signature] | | 8/25 | |
| PS Form 3811, December 1994 | | Domestic Return Receipt | |

Thank you for using Return Receipt Service. Is your RETURN ADDRESS completed on the reverse side?

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| 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: | | 4a. Article Number | |
| Charles DeMenzes Residential Water Systems, Inc. PO Box 5220 Ocala, FL 34478-5220 | | Z 332 792 512 | |
| 5. Received By: (Print Name) | | 4b. Service Type | |
| [Signature] | | <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 | |
| 6. Signature: (Addressee or Agent) | | 7. Date of Delivery | |
| [Signature] | | 8/25 | |
| PS Form 3811, December 1994 | | Domestic Return Receipt | |

Thank you for using Return Receipt Service.

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| 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: | | 4a. Article Number | |
| State of FL Public Counsel c/o The House of Representatives The Capitol Tallahassee, FL 32399-1300 | | Z 332 792 505 | |
| | | 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 | |
| | | AUG 25 1999 | |
| 5. Received By: (Print Name) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| D.H.L. | | | |
| 6. Sign | | | |
| X | | | |
| PS Form 3811, December 1994 | | Receipt | |

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| 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: | | 4a. Article Number | |
| James A. Bell Decca Utilities 11637 SW 90 th Terrace Ocala, FL 34481 | | Z 332 792 507 | |
| | | 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 | |
| | | 8-25-99 | |
| 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 | |

Thank you for using Return Receipt Service.
Is your RETURN ADDRESS completed on the reverse side?

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| 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: | | 4a. Article Number | |
| Charles De Menzes BFF Corp. PO Box 5220 Ocala, FL 34478-5220 | | Z 332 792 506 | |
| | | 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 | |
| | | 8/23 | |
| 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 | |

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| 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: | | 4a. Article Number | |
| Fannie J. Shields Linadale Water Co 24901 SE County HWY 42 Umatilla, FL 32784-9144 | | Z 332 792 508 | |
| | | 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 | |
| | | 8/25/99 | |
| 5. Received By: (Print Name) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| X Patricia Anderson | | | |
| 6. Signature: (Addressee or Agent) | | | |
| X | | | |
| PS Form 3811, December 1994 | | Domestic Return Receipt | |

Thank you for using Return Receipt Service.
Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

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:
 John Radake
 Eldorado Water System
 PO Box 1345
 Homosassa Springs, FL 34447-1345

4a. Article Number
 Z 332 792 500

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

7. Date of Delivery
 9/8

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *John Radake*

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

PS Form 3811, December 1994 Domestic Return Receipt

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:
 City Manager, City of Inverness
 212 West Main Street
 Inverness, FL 34450-4801

4a. Article Number
 Z 332 792 503

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

7. Date of Delivery
 8/25/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *Linda Stiles*

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

PS Form 3811, December 1994 Domestic Return Receipt

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, 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:
 Don Phillips
 Rollings Oaks Utilities, Inc.
 PO Box 641030
 Beverly Hills, FL 34464-1030

4a. Article Number
 Z 332 792 502

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

7. Date of Delivery
 AUG 25 1999

5. Received By: (Print Name)
 Evelyn Gaffney.

6. Signature: (Addressee or Agent)
 X *Evelyn Gaffney*

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

PS Form 3811, December 1994 Domestic Return Receipt

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:
 Mayor, City of Crystal River
 123 NW HWY 19
 Crystal River, FL 32629-3930

4a. Article Number
 Z 332 792 504

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

7. Date of Delivery
 8-25-99

5. Received By: (Print Name)
 Shirley Carroll

6. Signature: (Addressee or Agent)
 X *Shirley L. Carroll*

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service. Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: Philip D. Woods A.P. Utilities, Inc. 3925 SE 45 th Court, Suite E Ocala, FL 34480-7431 | | 4a. Article Number Z 332 792 496 | |
| | | 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 | |
| 5. Received By: (Print Name) <i>Philip D. Woods</i> | | 7. Date of Delivery 8/25/99 | |
| 6. Signature (Addressee or Agent) <i>Philip D. Woods</i> | | 8. Addressee's Address (Only if requested and fee is paid) | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 Domestic Return Receipt | |

Thank you for using Return Receipt Service.

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| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: Herbert Hein East Marion Sanitary Systems, Inc. PO Box 245 Silver Springs, FL 34489-0245 | | 4a. Article Number Z 332 792 498 | |
| | | 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 | |
| 5. Received By: (Print Name) | | 7. Date of Delivery 8/25/99 | |
| 6. Signature (Addressee or Agent) <i>Paul R...</i> | | 8. Addressee's Address (Only if requested and fee is paid) | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 Domestic Return Receipt | |

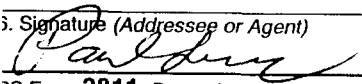
Thank you for using Return Receipt Service.

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| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: Dirk J. Leeward Countrywide Utility Co PO Box 1476 Ocala, FL 34478 | | 4a. Article Number Z 332 792 497 | |
| | | 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 | |
| 5. Received By: (Print Name) | | 7. Date of Delivery 8/26/99 | |
| 6. Signature (Addressee or Agent) <i>Dirk J. Leeward</i> | | 8. Addressee's Address (Only if requested and fee is paid) | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 Domestic Return Receipt | |

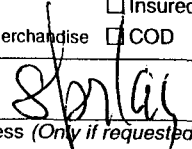
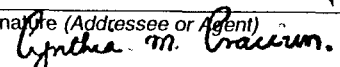
Thank you for using Return Receipt Service.

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| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: Joseph C. McCoun Loch Harbour Utilities, Inc. PO Box 2100 Ocala, FL 34478-2100 | | 4a. Article Number Z 332 792 499 | |
| | | 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 | |
| 5. Received By: (Print Name) | | 7. Date of Delivery 8/25/99 | |
| 6. Signature (Addressee or Agent) <i>Joe O...</i> | | 8. Addressee's Address (Only if requested and fee is paid) | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 Domestic Return Receipt | |

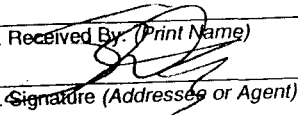
Thank you for using Return Receipt Service.

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| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: Jerry LaFord Meadows Utility Co, Inc. 795 North Florida Ave Hernando, FL 34442-4422 | | 4a. Article Number 2 332 792 492 | |
| 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 8-25-99 | |
| 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 | | 102595-99-B-0223 Domestic Return Receipt | |

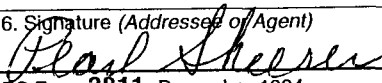
Thank you for using Return Receipt Service.

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| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: DEP Southwest District 3804 Coconut Palm Drive Tampa, FL 33618-8318 | | 4a. Article Number 2 332 792 494 | |
| 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  | |
| 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 | | 102595-99-B-0223 Domestic Return Receipt | |

Thank you for using Return Receipt Service.

| | | | |
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| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| Article Addressed to: Aaron Dlouhy Indstream Utilities Co PO Box 4201 Ocala, FL 34478-4201 | | 4a. Article Number 2 332 792 493 | |
| 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 8/31 | |
| 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 | | 102595-99-B-0223 Domestic Return Receipt | |

Thank you for using Return Receipt Service.

| | | | |
|--|--|---|--|
| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: Withlacoochee Reg. Plan. Council 1241 SW 10 th Street Ocala, FL 34474-2798 | | 4a. Article Number 2 332 792 495 | |
| 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 8-25-99 | |
| 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 | | 102595-99-B-0223 Domestic Return Receipt | |

Thank you for using Return Receipt Service.

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

3. Article Addressed to:

Leonard B. Tabor
Eagle Springs Utilities, Inc.
PO Box 1975
Silver Springs, FL 34489-1975

4a. Article Number
Z 332 792 488

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

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)
Gay Levin

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

3. Article Addressed to:

1. Gary Morse
Little Sumter Utility Co
1100 Main Street
Lady Lake, FL 32159-7719

4a. Article Number
Z 332 792 489

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

7. Date of Delivery
8-25-99

Received By: (Print Name)

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

Signature (Addressee or Agent)
Gay Levin

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

3. Article Addressed to:

James Lathinen
Crystal River Utilities, Inc.
% Aquasource Utility, Inc.
411 Seventh Ave
Pittsburgh, PA 15230

4a. Article Number
Z 332 792 496

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

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)
Gay Levin

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

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

3. Article Addressed to:

James H. Hodges
Heights Water Company
10230 East HWY 25
Bellevue, FL 34420-5531

4a. Article Number
Z 332 792 491

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

7. Date of Delivery
8-25-99

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)
Gay Levin

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

| | | | |
|---|--|--|--|
| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: SW Florida Water Mgmt District 2379 Broad Street Brooksville, FL 34609-6899 | | 4a. Article Number <p style="text-align: center; font-size: 1.2em;">2 332 792 485</p> 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 | |
| 5. Received By: (Print Name) <i>[Signature]</i> | | 7. Date of Delivery <p style="text-align: center; font-size: 1.2em;">8-25-99 RRF</p> | |
| 6. Signature (Addressee or Agent) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 Domestic Return Receipt | |

Thank you for using Return Receipt Service.

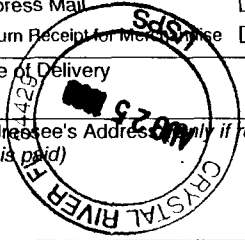
| | | | |
|---|--|--|--|
| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: Wanda McKeever Meadow Wood 1820 North Cherry Terrace Crystal River, FL 34429-5547 | | 4a. Article Number <p style="text-align: center; font-size: 1.2em;">2 332 792 482</p> 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 | |
| 5. Received By: (Print Name) WANDA McKeever | | 7. Date of Delivery <p style="text-align: center; font-size: 1.2em;">8-25-99</p> | |
| 6. Signature (Addressee or Agent) <i>[Signature]</i> | | 8. Addressee's Address (Only if requested and fee is paid) | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 Domestic Return Receipt | |

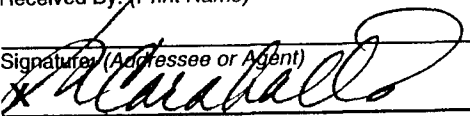
Thank you for using Return Receipt Service.

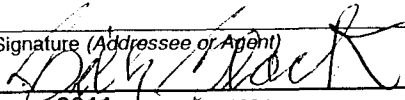
| | | | |
|---|--|--|--|
| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: Division of Records & Reporting Florida Public Service Commission 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850 | | 4a. Article Number <p style="text-align: center; font-size: 1.2em;">2 332 792 486</p> 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 | |
| 5. Received By: (Print Name) <i>[Signature]</i> | | 7. Date of Delivery <p style="text-align: center; font-size: 1.2em;">AUG 25 1999</p> | |
| 6. Signature (Addressee or Agent) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 Domestic Return Receipt | |

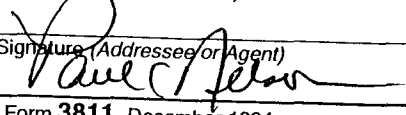
Thank you for using Return Receipt Service.

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|---|--|--|--|
| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: Charles De Menzes C.F.A.T. H20, Inc. PO Box 5220 Ocala, FL 34478-5220 | | 4a. Article Number <p style="text-align: center; font-size: 1.2em;">2 332 792 487</p> 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 | |
| 5. Received By: (Print Name) <i>[Signature]</i> | | 7. Date of Delivery | |
| 6. Signature (Addressee or Agent) | | 8. Addressee's Address (Only if requested and fee is paid) | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 Domestic Return Receipt | |



| | | | |
|---|--|---|--|
| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| Article Addressed to: Donald Rasmussen Utilities, Inc. of Florida 100 Weathersfield Avenue Homosassa Springs, FL 32714-4099 | | 4a. Article Number Z 332 792 534 | |
| | | 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 | |
| Received By: (Print Name) | | 7. Date of Delivery 8-24-99 | |
| Signature (Addressee or Agent)  | | 8. Addressee's Address (Only if requested and fee is paid) | |
| Form 3811, December 1994 | | Domestic Return Receipt | |

| | | | |
|---|--|---|--|
| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: Billy G. Black Forest Hills Water System PO Box 3187 Homosassa Springs, FL 34447-3187 | | 4a. Article Number Z 332 792 481 | |
| | | 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 | |
| 5. Received By: (Print Name) | | 7. Date of Delivery 8/26 | |
| 6. Signature (Addressee or Agent)  | | 8. Addressee's Address (Only if requested and fee is paid) | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 Domestic Return Receipt | |

| | | | |
|---|--|---|--|
| SENDER: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: Clerk, BOCC, Citrus County County Courthouse Inverness, FL 32650 | | 4a. Article Number Z 332 792 484 | |
| | | 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 | |
| 5. Received By: (Print Name) | | 7. Date of Delivery 8/25/99 | |
| 6. Signature (Addressee or Agent)  | | 8. Addressee's Address (Only if requested and fee is paid) | |
| PS Form 3811, December 1994 | | 102595-99-B-0223 Domestic Return Receipt | |

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

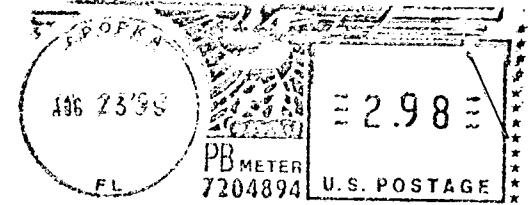


Florida Water Services
P.O. Box 609520 / Orlando, FL 32860-9520

CERTIFIED

Z 332 792 483

MAIL



Jerome C. Salmons Jr.
Wellaha Co.
PO Box 2790
Homosassa Springs, FL 34447-2790

SEP 16 1999

Unclaimed
Attempted
Temporarily
Clear
Homosassa Springs, FL 34447-2790

AUG 25 1999
AUG 30 1999
SECOND NOTICE

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: Jeff Schrade Indian Springs Utilities, Inc. 7655 W. Gulf to Lake Hwy Suite 14 Crystal River, FL 34429-7961 | | 4a. Article Number Z 332 792 501 | |
| | | 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 | |
| 5. Received By: (Print Name) EYSTER | | 7. Date of Delivery 08-25-99 | |
| 6. Signature: (Addressee or Agent) X | | 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: <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| 3. Article Addressed to: State of Florida Public Coun. c/o The House of Representatives The Capitol Tallahassee, FL 32399 | | 4a. Article Number Z 332 792 53 | |
| | | 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 | |
| 5. Received By: (Print Name) D. Hayden | | 7. Date of Delivery AUG 25 1999 | |
| 6. Signature: (Addressee or Agent) | | 8. Addressee's Address (Only if requested and fee is paid) | |

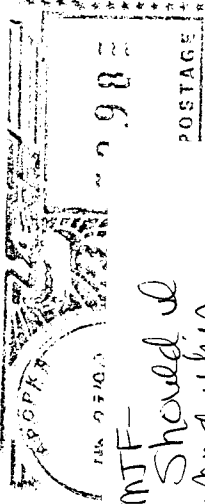


Florida Water Services
P.O. Box 609520 / Orlando, FL 32860-9520

CERTIFIED

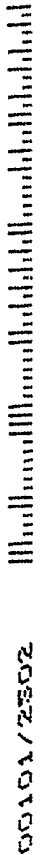
Z 332 792 532

MAIL



David Small
Silver City Utilities
355 Princes Street
Kincardine, Ontario
Canada N2Z 2-7

RETURN TO SENDER
C.O.D. AND CERTIFIED MAIL NOT
ALLOWED IN INTERNATIONAL MAIL



Supplemental Late-Filed Exhibit V

Immediately upon completion of publication, an affidavit that the notice of actual application was published once in a newspaper of general circulation in the territory in accordance with Rule 25-30.030, Florida Administrative Code. A copy of the proof of publication shall accompany the affidavit. This may be a late-filed exhibit.

Attached hereto is the proof of publication from the Citrus Chronicle and the Ocala Star-Banner.

PROOF OF PUBLICATION

STAR-BANNER

Published—Daily

OCALA, MARION COUNTY, FLORIDA

STATE OF FLORIDA,
COUNTY OF MARION

Before the undersigned authority personally appeared Gloria Thomas, who on oath says that she is an authorized employee of the Star-Banner, a daily newspaper published at Ocala, in Marion County, Florida; that the attached copy of advertisement, being a notice in the matter of _____

#215662 - NOTICE OF AMENDED APPLICATION FOR AN EXTENSION OF SERVICE AREA

_____ in the _____ Court, was published in said newspaper in the issues of _____ **August 23, 1999**

Affiant further says that the said STAR-BANNER is a daily newspaper published at Ocala, in said Marion County, Florida, and that the said newspaper has heretofore been continuously published in said Marion County, Florida, daily, and has been entered as second class mail matter at the post office in Ocala, in said Marion County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that he 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.

Gloria Thomas

Sworn to and subscribed before me this 23rd day

of August, A.D., 1999

(Seal)

Mary L Dunham
Notary Public
MARY L. DUNHAM

(Print, Type or Stamp Name of Notary Public)

NOTICE OF AMENDED APPLICATION FOR AN EXTENSION OF SERVICE AREA

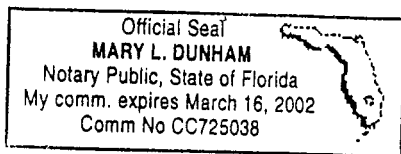
Notice is hereby given on August 23, 1999 pursuant to Section 367.045, Florida Statutes, of the amendment to the pending application of Florida Water Services Corporation to amend its Water Certificate No. 373-W and its Wastewater Certificate No. 332-S to add territory in Marion County, Florida. The territory addition described below is noticed in order to complete a territory settlement between Florida Water Services and Marion County. The proposed further addition to Florida Water Services' water and wastewater territory is as follows:
Township 17 South, Range 20 East and 19 East, Marion County, Florida.

That part of Sections 13 and 24 in Township 17 South, Range 19 East, Marion County, Florida and Sections 3, 4, 5, 7, 8, 9, 16, 17, 18, 19, 20, and 30 in Township 17 South, Range 20 East, Marion County, Florida being one mile in width and being more particularly described as:

A tract of land lying northerly and easterly of the Withlacoochee River, lying southerly of the south quarter section line of Sections 3, 4, and 5 of Township 17 South Range 20 East, Marion County, Florida, and lying continuous to, northerly of and measuring one mile perpendicular to the center of State Road 200.

Any objection to the amended application must be made in writing within thirty days from the above date to: Director, Division of Records and Reporting, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida, 32399-00870. A copy of any objection should be mailed to the Applicant, whose address is: Florida Water Services Corporation, Attn: Matthew J. Fell, Esq., P.O. Box 609520, Orlando, Florida, 32860-9520.

No. 215662 - August 23, 1999



Proof Of Publication

from the
CITRUS COUNTY CHRONICLE
Crystal River, Citrus County, Florida
PUBLISHED DAILY

STATE OF FLORIDA
COUNTY OF CITRUS

Before the undersigned authority personally appeared FELICIA H. SATCHELL of the Citrus County Chronicle, a newspaper published daily at Crystal River, in Citrus County, Florida, that the attached copy of advertisement being a public notice in the matter of the

EXTENSION OF SERVICE AREA

Court, was published in said newspaper in the issues of

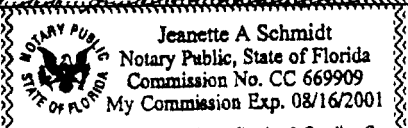
AUGUST 22, 1999

Affiant further says that the Citrus County Chronicle is a newspaper published at Crystal River in said Citrus County, Florida, and that the said newspaper has heretofore been continuously published in Citrus County, Florida, each week and has been entered as second class mail matter at the post office in Inverness in said Citrus County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that 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.

Felicia H. Satchell

The forgoing instrument was acknowledged before me this 22nd day of AUG 1999

by FELICIA H. SATCHELL who is personally known to me and who did take an oath.

Jeanette A. Schmidt
Notary Public


**3750822 SUCRN
PUBLIC NOTICE OF
AMENDED APPLICATION FOR AN
EXTENSION OF SERVICE AREA**

Notice is hereby given on August 23, 1999 pursuant to Section 367.045, Florida Statutes, of the amendment to the pending application of Florida Water Services Corporation to amend its Water Certificate No. 373-W and its Wastewater Certificate No. 322-S to add territory in Marion County, Florida. The territory addition described below is noticed in order to complete a territory settlement between Florida Water Services and Marion County.

The proposed further addition to Florida Water Services's water and wastewater territory is as follows:

Township 17 South Range 20 East and 19 East, Marion County, Florida.

That part of Sections 13 and 24 in Township 17 South, Range 19 East Marion County, Florida and Sections 2, 4, 5, 7, 8, 9, 17, 18, 19, 20 and 30 in Township 17 South, Range 20 East, Marion County, Florida being one mile in width and being more particularly described as:

A tract of land lying northerly and easterly of the Withlacoochee River, lying southerly of the south quarter section line of Sections 3, 4 and 5 of Township 17 South Range 20 East, Marion County, Florida, and lying continuous to, northerly of and measuring one mile perpendicular to the center of State Road 200.

Any objection to the amended application must be in writing within thirty days from the above date to: Director, Division of Records and Reporting, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0870. A copy of any objection should be mailed to the Applicant, whose address is: Florida Water Services Corporation, Attn: Matthew J. Feil, Esq., P.O. Box 609520, Orlando, Florida, 32860-9520.

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