

**\*\*FLORIDA PUBLIC SERVICE COMMISSION\*\***

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

001661-TC

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE  
PAY TELEPHONE SERVICE  
WITHIN THE STATE OF FLORIDA**

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**INSTRUCTIONS**

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

**Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770**

DEPOSIT

D 8 8 8

DATE

NOV 06 2003

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission  
Division of Communications  
Bureau of Service Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600**

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

AMITY ENTERPRISES INC.

2. Name under which applicant will do business (fictitious name, etc.):

FOOD MART EXPRESS.

3. Official mailing address:

Street: 1600 N. ARLINGTON Rd.

P.O. Box: \_\_\_\_\_

City: JACKSONVILLE, FL.

State: Florida Zip: 32211

4. Florida address:

Street: SAME ABOVE

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Structure of organization:

( ) Individual

Corporation

( ) General Partnership

( ) Limited Partnership

( ) Other: \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: P00 00 00 46746

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name Food MART EXPRESS  
Registration Number: 600193900085

8. F.E.I. Number (if applicable): 59-3644719

9. If individual, provide:

Name: N/A

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: N/A

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: N/A

10. Partnership (continued)

b. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: ELIAS OBAED

Title: President

Address: 8481 Branchwater Dr.

City/State/Zip: Jacksonville, FL, 32211

Telephone No.: 904-779-7057 Fax No.: N/A

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: ELIAS OBAED

Title: President

Address: 8481 Branchwater Dr.

City/State/Zip: Jacksonville, FL, 32244

Telephone No.: 904-779-7057 Fax No.: N/A

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

None.

If so, provide explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

Yes I was approved before,  
certificate # 51001 But I have Discontinued  
my previous Corporation (OBAED ENTERPRISE, INC).  
That's why I am Applying again.

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

same as #13

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

None  
\_\_\_\_\_  
\_\_\_\_\_

b. Has applications pending to be certified as a pay telephone provider.

NO  
\_\_\_\_\_  
\_\_\_\_\_

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Please check (✓) the services that will be provided:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 2

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

PERSONALLY

FULL-TIME TECHNICIAN

PART-TIME TECHNICIAN

SERVICE/REPAIR/MAINTENANCE CONTRACT

OTHER (Describe) \_\_\_\_\_

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

Yes

No Explain: \_\_\_\_\_

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

Yes

No Explain: \_\_\_\_\_

**\*\*APPLICANT FEE/TAX STATEMENT\*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.
3. **SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

**UTILITY OFFICIAL:**

ELIAS OBAED  
Print Name

Elias Obaed  
Signature

President.  
Title

10-26-00  
Date

904-725-8198  
Telephone No.

904-725-8223  
Fax No.

Address: 1160 N. ARLington Rd.  
Jacksonville, FL, 32211  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*ACKNOWLEDGMENT\*\***

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

**UTILITY OFFICIAL:**

ELIAS OBAED  
Print Name

Elias Obad  
Signature

President  
Title

10-26-00  
Date

904-725-8198  
Telephone No.

904-725-8223  
Fax No.

Address: 160 N. ARLington Rd.  
Jacksonville, FL, 32211  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: AMITY ENTERPRISES, INC.

**I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.**

ELIAS OBAED  
Print Name

Elias Obaed  
Signature

President  
Title

10-26-00  
Date

904-725-8198  
Telephone No.

904-725-8223  
Fax No.

Address: 1100 N. ARLINGTON RD.  
JACKSONVILLE, FL 32211

**THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 10, 2000

AMITY ENTERPRISES INC.  
8481 BRANCHWATER DR.  
JACKSONVILLE, FL 32244

These are copies  
of Corporation  
& S ~  
& Federal ID. #  
& Fictitious Name.

The Articles of Incorporation for AMITY ENTERPRISES, INC. were filed on May 8, 2000 and assigned document number P00000046746. Please refer to this number whenever corresponding with this office regarding the above corporation.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT/UNIFORM BUSINESS REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT/UNIFORM BUSINESS REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT/UNIFORM BUSINESS REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Loria Poole, Corporate Specialist  
New Filings Section

Letter Number: 900A00026262

**ARTICLES OF INCORPORATION OF  
AMITY ENTERPRISES, INC.**

The undersigned incorporator, for the purpose of forming a professional corporation pursuant to the provisions of Chapter 607, Florida Statutes, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: AMITY ENTERPRISES, INC. The principal place of business of this corporation shall be: 8481 BRANCHWATER DR., JACKSONVILLE, FL 32244.

ARTICLE II NATURE OF BUSINESS

The specific nature of business shall be to operate a convenience store. This shall not restrict the corporation from transacting any and all lawful business.

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock having a par value of \$1.00 per share

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The names and addresses of the initial officers and directors who shall hold office the first year of the corporation's existence or until their successors are elected are:

ELIAS OBAED  
8481 BRANCHWATER DR.  
JACKSONVILLE, FL 32244

ROGER BAROUTJIAN  
8481 BRANCHWATER DR.  
JACKSONVILLE, FL 32244

ARTICLE VI INCORPORATOR

The name and street address of the incorporator signing these articles of incorporation is:

ELIAS OBAED  
8481 BRANCHWATER DR.  
JACKSONVILLE, FL 32244

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation this 5th day of May 2000.

Elías Obaed  
AMITY ENTERPRISES, INC., President

State of Florida  
County of Duval

The foregoing instrument was acknowledged and sworn to before me this 5th day of May 2000 by ELIAS OBAED of AMITY ENTERPRISES, INC.

Notary Public

Betty P. Hensley  
My Commission Expires



BETTY P. HENSLEY  
COMMISSION # CC762658  
EXPIRES OCT 13, 2002  
BONDED THROUGH  
ADVANTAGE NOTARY

STAMP: TALLAHASSEE COUNTY, FLORIDA, MAY 8 2000, 8:00 AM

**CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is AMITY ENTERPRISES, INC.
  
2. The name and address of the registered agent and office is:  
ELIAS OBAED  
8481 BRANCHWATER DR.  
JACKSONVILLE, FL 32244

SIGNATURE

*Elias Obaed*  
Corporate Officer

TITLE

*President*

DATE

*5-5-2000*

Having been named to accept service of process for the above stated corporation, at the the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and obligations of section 607.325 of the Florida Statutes.

SIGNATURE

*Elias Obaed*  
Registered Agent

DATE

*5-5-2000*

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA  
MAY 05 09 PM 03 '00



Department of the Treasury  
Internal Revenue Service  
ATLANTA GA 39901

Date of this notice:  
Taxpayer Identifying Number  
Form:

JUNE 26, 2000  
59-3644719  
Tax Period:

For assistance you may  
call us at:

1-800-829-1040

Or you may write to us at  
the address shown at the  
left. If you write, be  
sure to attach the bottom  
part of this notice.



AMITY ENTERPRISES INC  
8481 BRANCHWATER DR  
JACKSONVILLE FL 32244-7420813

**NOTICE OF ACCEPTANCE AS AN S-CORPORATION**

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF DECEMBER IS ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING MAY 8, 2000, SUBJECT TO VERIFICATION IF WE EXAMINE YOUR RETURN.

IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO HELP YOU; HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on telephone calls.

Overlay 5 Form 8489 (Rev.8-91)

Keep this part for your records

Return this part to us with your check or inquiry

Your telephone number  
( ) -

Best time to call

593644719 VL 00 000000

261

INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

AMITY ENTERPRISES INC  
8481 BRANCHWATER DR  
JACKSONVILLE FL 32244-7420813

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

DATE OF THIS NOTICE: 05-18-2000  
NUMBER OF THIS NOTICE: CP 575 G  
EMPLOYER IDENTIFICATION NUMBER: 59-3644719  
FORM: SS-4 (TELE-TIN)  
0716921483 B

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

AMITY ENTERPRISES INC  
8481 BRANCHWATER DR  
JACKSONVILLE FL 32244

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Tele-TIN phone call. We assigned you Employer Identification Number (EIN) 59-3644719. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following form(s) by the date we show.

Form 941	10/31/2000
Form 1120	03/15/2001
Form 940	01/31/2001

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information about EFTPS, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 12, 2000

FOOD MART EXPRESS  
8481 BRANCHWATER DR  
JACKSONVILLE, FL 32244

Subject: **FOOD MART EXPRESS**

REGISTRATION NUMBER: **G00193900085**

This will acknowledge the filing of the above fictitious name registration which was registered on July 12, 2000. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal *will be mailed*.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/rjm  
Division of Corporations

Letter No. 200A00038244

# State of Florida



## Department of State

I certify from the records of this office that FOOD MART EXPRESS is a Fictitious Name registered with the Department of State on July 12, 2000.

The Registration Number of this Fictitious Name is G00193900085.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twelfth day of July, 2000



CR2EO22 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State

001661-R

# \*\*FLORIDA PUBLIC SERVICE COMMISSION\*\*

## DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

### APPLICATION FORM FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE WITHIN THE STATE OF FLORIDA

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Florida Public Service Commission  
 Division of Records and Reporting  
 2540 Shumard Oak Blvd.  
 Tallahassee, Florida 32399-0850  
 (850) 413-6770

DEPOSIT

DATE

D3840

NOV 06 2000

- ◆ If you have questions about completing the form, contact:

AMITY ENTERPRISES, INC.

160 Arlington Road  
Jacksonville, FL 32211

10:56

63-468/831

PAY TO THE ORDER OF

Florida Public Service Commission

DATE 10-29-00

\$ 100.00

One hundred

AM SOUTH BANK

DOCUMENT NUMBER DATE

DOLLARS

THE RELATIONSHIP PEOPLE

14224 NOV-28

FOR New Application fees. FPSC - RECORDS AND REPORTING

Plas O'Neil

001056