

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

TOM'S TRUCK REPAIR INC

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

TOM'S TRUCK REPAIR INC

CK 1598

3. Official mailing address:

011673-TC #100.00
MC

Street: _____

P.O. Box: 2252

City: GUIS STORES

State: AL Zip: 36547-2252

4. Florida address:

Street: _____

P.O. Box: _____

City: _____

State: _____ Zip: _____

5. Structure of organization:

() Individual

() Corporation

() General Partnership

() Limited Partnership

() Other: _____

DEPOSIT
D150 ●

DATE
DEC 27 2001

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

Florida Secretary of State

Corporate Registration Number: _____

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC I
- SER _____
- OTH _____

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc