

ORIGINAL
020245-TC

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

BLACKWATER SERVICE, INC.

CK 2304
\$100.00
MC
CK written by
Blackwater
Service
Inc.

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

BSI

3. Official mailing address:

Street: 36 TERRY CT.

P.O. Box: _____

City: Athens

State: GA. Zip: 30607-4002

DEPOSIT DATE
D 1 9 1 8 MAR 20 2002

4. Florida address:

Street: 122 EAST TOWN PLACE

P.O. Box: _____

City: Titusville

State: FL. Zip: 32796

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: _____

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC _____
- OTH _____

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

DOCUMENT NUMBER-DATE
03200 MAR 20 02

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