

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

NOEL C. MACKAY

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

NOEL C. MACKAY

CK 11554

3. Official mailing address:

Street: P.O. Box 385

\$100.00

MC

P.O. Box: _____

ck written by
Cape Tradin
Post

City: PORT ST. JOE, FL

State: FLORIDA Zip: 32457

4. Florida address:

Street: ABOVE

P.O. Box: _____

City: _____

State: _____ Zip: _____

5. Structure of organization:

Individual

DEPOSIT

DATE

D192 ●

MAR 21 2002

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