

020393-TC

CHK# 5364

5/2/02

\$100.00 VTR

DEPOSIT

DATE

D212

MAY 08 2002

ORIGINAL

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

Spearman Distributors, Inc.

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

Spearman Distributors, Inc.

3. Official mailing address:

Street: 3126 Fairbanks Ferry, Rd.

P.O. Box: 1067

City: Havana

State: FLORIDA Zip: 32333

4. Florida address:

Street: (same)

P.O. Box: _____

City: _____

State: _____ Zip: _____

5. Structure of organization:

() Individual

Corporation

() General Partnership

() Limited Partnership

() Other: _____

- AUS _____
- GAF _____
- CMP 6
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH _____

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

Florida Secretary of State
Corporate Registration Number: Doc# 585037

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

Initials of person who forwarded check: _____

DOCUMENT NUMBER-DATE

04922 MAY-7 02

FPSC-COMMISSION CLERK