	, /	ORIGINAL 020497-TC Name of company or name of individual (not fictitious name or d/h/a);		
	1.	Name of company or name of individual (not fictitious name or d) Taylor County Board of County Commi	b/a): ssones MC	
	2.	Name under which applicant will do business (fictitious name, etc.): Taylor County Board of County Comissioners		
	3.	Official mailing address:	DATE 1 0 2002	
AUS CAF CMP COM CTR ECR GCL OPC MMS SEC OTH		State:		
	4.	Florida address: Street: <u>108 North Jefferson ST</u> P.O. Box: City: <u>Perry</u> State: <u>Fl.</u> Zip: <u>32347</u>		
	5.	Structure of organization: () Individual () Corporation () General Partnership () Limited Partnership () Other: <u>Covernment</u>		
	6.	If incorporated in Florida, provide proof of authority to operate in Florida:	-	
		Florida Secretary of State Corporate Registration Number:	i	
	Requir	PSC/CMU-32 (02/99) ired by Commission Rule Nos. 25-24.510 & 25-24.511 Name: cmu-32.doc DOCUMENT NI:MBFR-DATE 06002 JUN 108 FPSC-COMMISSION CLERK	2	