

ORIGINAL

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

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

CK 7  
\$100.00  
MC

3. Official mailing address:  
Street: 914 SE 20th ct

P.O. Box: \_\_\_\_\_

City: CAPE CORAL

State: FL Zip: 33990

4. Florida address:  
Street: 914 SE 20th ct

P.O. Box: \_\_\_\_\_

City: CAPE CORAL

State: FL Zip: 33990

5. Structure of organization:
- Individual
  - Corporation
  - General Partnership
  - Limited Partnership
  - Other: \_\_\_\_\_

DEPOSIT	DATE
D227	JUN 28 2002

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 1
- OTH \_\_\_\_\_

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

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