

020931-TC
ORIGINAL CK 740
\$100.00

1. Name of company or name of individual (not fictitious name or d/b/a):
CHRIS O'CONNELL MC

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

3. Official mailing address: **DEPOSIT** **DATE**
D248* **AUG 30 2002**
Street: _____
P.O. Box: 466 EAGLE LAKE
City: _____
State: FL Zip: 33839

4. Florida address:
Street: 7040 ROBIN DRIVE
P.O. Box: _____
City: BARTOW
State: FL Zip: 33830

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 I
- 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
2
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FPSC-COMMISSION CLERK