

ORIGINAL
DEPOSIT DATE

240764

481 JUL 27 2004

CK# 179

Ch \$ 100.00

7-19-04

RT

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

LANE JONES

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

LANE JONES

3. Official mailing address:

Street: 614 SE 8th PLACE

P.O. Box:

City: CAPE CORAL

State: FLORIDA

Zip: 33990

JUL 26 PM 2:23
COMMISSION
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4. Florida address:

Street: SAME AS ABOVE

P.O. Box:

City:

State:

Zip:

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other:

CMP _____

COM _____

CTR _____

ECR _____

GCL _____

OPC _____

MMS _____

RCA _____

SCR _____

SEC _____

OTH _____

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

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

Florida Secretary of State
Corporate Registration Number:

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DOCUMENT NUMBER-DATE
DISTRIBUTION CENTER

08089 JUL 26 04

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