

DEPOSIT DATE

489 AUG 11 2004

ORIGINAL

040824
CHK# 102.
CHK# 100.00
8-9-04

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

Juliette Powell

RT

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

Juliette Powell

3. Official mailing address:

Street: 264 SW Tulip Blvd

P.O. Box:

City: Port Saint Lucie

State: FL Zip: 34953

RECEIVED - FPSC
AUG 10 AM 1:23
COMMISSION CLERK

4. Florida address:

Street: 264 SW Tulip Blvd

P.O. Box:

City: Port Saint Lucie

State: FL Zip: 34953

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:

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- 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

DOCUMENT NUMBER-DATE

08694 AUG 10 3

FPSC-COMMISSION CLERK