

DEPOSIT DATE

ORIGINAL

Ck# 1050

041099

Chk# 100.00

497 SEP 22 2004

9-20-04

RT

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

SAVAC, Inc.

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

3. Official mailing address:

Street: 301-A Brogdon Road

P.O. Box:

City: Suwanee

State: Georgia Zip: 30004

4. Florida address:

Street: 6280 South East 46 Avenue Road

P.O. Box:

City: Ocala

State: Florida Zip: 34480

5. Structure of organization:

() Individual

Corporation

() General Partnership

() Limited Partnership

() Other: _____

CMP _____

COM _____

CTR _____

ECR _____

GCL _____

OPC _____

MMS _____

Form PSC/CMU-32 (02/99)

Required by Commission Rule Nos. 25-24.510 & 25-24.511

File Name: cmu-32.doc

SCR _____

SEC 1

OTH _____

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

Florida Secretary of State

Corporate Registration Number: F04000005130

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DOCUMENT NUMBER-DATE

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