

DEPOSIT L E 041181-TC ORIGINAL
499 OCT - 5 2004

CK# 1003
CHK# 100.00
10-04-04
RT

1. Name of company or name of individual (not fictitious name or d/b/a):
MARK A. LAIN + KATHRYN L. LAIN

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

3. Official mailing address:
Street: 51 PINTAIL LANE
P.O. Box: _____
City: WOODBINE
State: GA. Zip: 31569-3801

4. Florida address:
Street: NO FLORIDA ADDRESS
P.O. Box: _____
City: _____
State: _____ Zip: _____

5. Structure of organization:
 Individual SOLE PROPRIETORSHIP
 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: N/A

- 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

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