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CVH 51007  
CVB 100  
11/24/04  
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ORIGINAL

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

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

3. Official mailing address:  
Street: 414 Valley Dr.  
P.O. Box: \_\_\_\_\_  
City: Lehigh Acres  
State: FL Zip: 33936

4. Florida address:  
Street: 414 Valley Dr.  
P.O. Box: \_\_\_\_\_  
City: Lehigh Acres  
State: FL Zip: 33936

5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

CMP \_\_\_\_\_  
COM \_\_\_\_\_  
CTR \_\_\_\_\_  
ECR \_\_\_\_\_  
GCL \_\_\_\_\_  
OPC \_\_\_\_\_  
MMS \_\_\_\_\_  
RCA \_\_\_\_\_  
SCR \_\_\_\_\_  
SEC 1  
OTH \_\_\_\_\_

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

Florida Secretary of State  
Corporate Registration Number: \_\_\_\_\_

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