

ORIGINAL

MEMORANDUM

January 20, 1998

TO : Division of Records and Reporting (BAYO)  
 Division of Legal Services (FLEMING, CROSBY)

FROM : DIVISION OF WATER AND WASTEWATER (REDEMANN) *HRK* *6/21/98*

RE : DOCKET NO. [REDACTED]; APPLICATION FOR A AMENDMENT OF  
 CERTIFICATE NO. [REDACTED] BY PLACID LAKES UTILITIES, INC. IN  
 HIGHLANDS COUNTY.

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Attached please find two affidavits from the utility. One affidavit is for the newspaper noticing and the other affidavit is for the utilities, cities in the county and customers in the East 1/2 of Section 9, Township 37 South, Range 29 East.

- ACK \_\_\_\_\_
- AGA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LEN \_\_\_\_\_
- OLC \_\_\_\_\_
- PHI \_\_\_\_\_
- W \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

C:\WP6\971204C.RPR

cc: Division of Records and Reporting (Security File)

DOCUMENT NUMBER-DATE  
 [REDACTED] 01160 JAN 21 8  
 FPSC-RECORDS/REPORTING

**LAKE PLACID JOURNAL**

Published Weekly  
in Highlands County, Florida  
at Lake Placid

STATE OF FLORIDA  
COUNTY OF HIGHLANDS:

Before the undersigned authority personally appeared

Mat Delaney

who on oath says that he is Publisher of the LAKE PLACID JOURNAL, a weekly newspaper published at Lake Placid in Highlands County, Florida; that the attached copy of the advertisement, being a

Legal Advertisement

in the matter of Application for Amendment of Certificate, Legal Notice, Placid Lakes Utilities

in the Circuit Court,

was published in said newspaper in the issues of:

January 1, 1998

Affiant further says that said LAKE PLACID JOURNAL is a newspaper published at Lake Placid, in said Highlands County, Florida, and that said newspaper has heretofore been continuously published in said Highlands County, Florida, each week and has been entered as second-class mail matter at the post office in Lake Placid, in said Highlands County, Florida, for a period of 1 year next preceding the first publication of the attached copy of advertisement; and affiant further says that he has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

**APPLICATION FOR  
AMENDMENT OF CERTIFICATE  
(EXTENSION OR DELETION)  
(Section 367-046 Florida Statutes)  
LEGAL NOTICE**

Notice is hereby given on January 1, 1998 pursuant to Section 367-043, Florida Statutes, of the application of Placid Lakes Utilities, Inc. to amend its Water Certificate No. 401-W to add territory in Highlands County, Florida as follows:

**TOWNSHIP 37 SOUTH,  
RANGE 29 EAST**

**SECTION 9 - All of the east half of Section 9.**

Any objection to the said application must be made in writing within thirty (31) days from the date to the Director, Division of Record and Reporting, Florida Public Service Commission, 2540 Starnard Oak Boulevard, Tallahassee, Florida 32399-0850. A copy of said objection should be mailed to the applicant whose address is:

Placid Lake Utilities  
2000 Jefferson Avenue  
Lake Placid, FL 33852

Printed  
January 1, 1998  
Lake Placid Journal

Mat Delaney  
(Signature of Affiant)

Personally Known X Identification Shown \_\_\_\_\_

Sworn to and subscribed before me  
this 1st day of January, 1997.

Kaye D. Ebersole  
(Signature of notary public)

Kaye D. Ebersole  
(Name of Notary typed, printed or stamped)



**"OFFICIAL SEAL"**  
Kaye D. Ebersole  
My Commission Expires 11/17/98  
Commission #03419888

**AFFIDAVIT**

**STATE OF FLORIDA  
HIGHLANDS COUNTY**

Before me this day personally appeared Roland Tobler, who is personally known to me, and who did not take an oath, but being duly affirmed according to the law, deposes and says:

Placid Lakes Utilities has notified all attached Utilities, government agencies, and all current customers that may be affected by its added territory.

Further affiant sayeth not.

  
Roland Tobler

Affirmed and subscribed before me this  
8<sup>th</sup> day of January, 1998

  
Peggy Ann Brewer, Notary Public

RECEIVED  
PLACID LAKES UTILITIES  
CITY OF PALM BAY, FL

98 JAN 15 AM 10:17

MAIL ROOM

**RECEIVED**  
JAN 15 1998

Florida Public Service Commission  
Division of Water and Wastewater

...to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)

2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
**C & H Utilities, Inc.**  
**P.O. Box 1088**  
**Sebring, FL 33871-1088**

4. Article Number  
**P 861 689 751**

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee  
**X** *M.J. Faircloth*

6. Signature - Agent  
**X** *M.J. FAIRCLOTH*

7. Date of Delivery  
**1-5-98**

8. Addressee's Address (ONLY if requested and for paid)

POSTMARK: LA FLA MD REC 3607

DOMESTIC RETURN RECEIPT  
 PB Form 3811, Apr. 1989

1.  Show to whom delivered, date, and addressee's address. (Extra charge)

2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
**DEP South District**  
**2295 Victoria Ave.**  
**Suite 364**  
**Ft. Myers, FL 33901**

4. Article Number  
**P 861 689 772**

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee  
**X**

6. Signature - Agent  
**X** *[Signature]*

7. Date of Delivery  
**1/2/98**

8. Addressee's Address (ONLY if requested and for paid)

DOMESTIC RETURN RECEIPT  
 PB Form 3811, Apr. 1989

1.  Show to whom delivered, date, and addressee's address. (Extra charge)

2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
**Damon Utilities, Inc.**  
**47 Lake Damon Dr.**  
**Avon Park, FL 33825-8902**

4. Article Number  
**P 861 689 756**

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee  
**X**

6. Signature - Agent  
**X** *Virginia L Hart*

7. Date of Delivery

8. Addressee's Address (ONLY if requested and for paid)

POSTMARK: AVON PARK FLA MD REC 3607

DOMESTIC RETURN RECEIPT  
 PB Form 3811, Apr. 1989

1.  Show to whom delivered, date, and addressee's address. (Extra charge)

2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
**C & H Utilities, Inc.**  
**P.O. Box 1088**  
**Sebring, FL 33871-1088**

4. Article Number  
**P 861 689 750**

Type of Service:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee  
**X** *M.J. Faircloth*

6. Signature - Agent  
**X** *M.J. FAIRCLOTH*

7. Date of Delivery  
**1-5-98**

8. Addressee's Address (ONLY if requested and for paid)

DOMESTIC RETURN RECEIPT  
 PB Form 3811, Apr. 1989

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees and restrictions on services are available. Consult postmaster for fees and check booklet for additional services requested.

1.  Show to whom delivered, date, and addressee's address.      2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Central Fl. Reg. Planning Council  
 P.O. Box 2089  
 Bartow, FL 33831

4. Article Number  
 P 861 689 770

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *[Signature]*

6. Addressee's Address (ONLY if requested and fee paid)

7. Date of Delivery  
 X *05/11/89*

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees and restrictions on services are available. Consult postmaster for fees and check booklet for additional services requested.

1.  Show to whom delivered, date, and addressee's address.      2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Heartland Utilities, Inc.  
 P.O. Box 1991  
 Sebring, FL 33871-1991

4. Article Number  
 P 861 689 760

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *[Signature]*

6. Addressee's Address (ONLY if requested and fee paid)

7. Date of Delivery  
 X *05/11/89*

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees and restrictions on services are available. Consult postmaster for fees and check booklet for additional services requested.

1.  Show to whom delivered, date, and addressee's address.      2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 S.W. Fl. Water Mgmt. District  
 2379 Broad Street  
 Brooksville, Fl 34609-6899

4. Article Number  
 P 861 689 776

Type of Service:  
 Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *[Signature]*

6. Addressee's Address (ONLY if requested and fee paid)

7. Date of Delivery  
 X *05/11/89*

PS Form 3811, Apr. 1989

DOMESTIC RETURN RECEIPT

**ATTENTION:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1.  Show to whom delivered, date, and addressee's address.      2.  Restricted Delivery (Extra charge)

<b>3. Article Addressed to:</b> Lake Josephine Water 760 Henscratch Rd. Lake Placid, FL 33852-8397	<b>4. Article Number</b> P 861 689 764 <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
<b>5. Signature - Addressee</b> X <i>Missy Holmes</i>	<b>6. Addressee's Address (ONLY if requested and fee paid)</b>
<b>6. Signature - Agent</b> X <i>Missy Holmes</i>	
<b>7. Date of Delivery</b> 11/23/97	

PS Form 3811, Apr. 1997 DOMESTIC RETURN RECEIPT

**ATTENTION:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1.  Show to whom delivered, date, and addressee's address.      2.  Restricted Delivery (Extra charge)

<b>3. Article Addressed to:</b> Mayor, City of Avon Park 110 E. Main St. Avon Park, FL 33825	<b>4. Article Number</b> P 861 689 773 <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
<b>5. Signature - Addressee</b> X <i>Blaise Sudden</i>	<b>6. Addressee's Address (ONLY if requested and fee paid)</b>
<b>6. Signature - Agent</b> X <i>Blaise Sudden</i>	
<b>7. Date of Delivery</b> 11/23/97	

PS Form 3811, Apr. 1997 DOMESTIC RETURN RECEIPT

**ATTENTION:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1.  Show to whom delivered, date, and addressee's address.      2.  Restricted Delivery (Extra charge)

<b>3. Article Addressed to:</b> Holmes Utilities, Inc. 760 Henscratch Rd. Lake Placid, FL 33852-8397	<b>4. Article Number</b> P 861 689 763 <b>Type of Service:</b> <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>
<b>5. Signature - Addressee</b> X <i>Missy Holmes</i>	<b>6. Addressee's Address (ONLY if requested and fee paid)</b>
<b>6. Signature - Agent</b> X <i>Missy Holmes</i>	
<b>7. Date of Delivery</b> 11/23/97	

PS Form 3811, Apr. 1997 DOMESTIC RETURN RECEIPT

**INSTRUCTIONS:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and special services for additional services requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
Mayor, Town of Lake Placid  
50 Park Drive  
Lake Placid, Fl 33852-9693

4. Article Number  
P 861 689 775

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *Mary A. Worley*

6. Signature - Agent  
X *Mary A. Worley*

7. Date of Delivery  
12-31-97

PS Form 3811, Apr. 1989

**INSTRUCTIONS:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and special services for additional services requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
Landmark Enterprises, Inc.  
62 Lake Henry Dr.  
Lake Placid, Fl 33852-6000

4. Article Number  
P 861 689 766

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *David Blank*

6. Signature - Agent  
X *David Blank*

7. Date of Delivery  
12/31/97

PS Form 3811, Apr. 1989

**INSTRUCTIONS:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and special services for additional services requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
Highlands Ridge Assoc., Inc.  
3003 E. Fairway Vista Dr.  
Avon Park, FL 33825-6001

4. Article Number  
P 861 689 761

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X

6. Signature - Agent  
X *Luis Samache*

7. Date of Delivery  
12-31-97

PS Form 3811, Apr. 1989

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check labels for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Mayor, City of Sebring  
 268 S. Commerce Ave.  
 Sebring, FL 33870-3606

4. Article Number  
 P 861 689 774

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *Vivian Buck*

6. Signature - Agent  
 X *Vivian Buck*

7. Date of Delivery  
 APR 11 1997

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1995

DOMESTIC RETURN RECEIPT

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check labels for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Country Club of Sebring  
 4800 Haw Branch Rd.  
 Sebring, FL 33872-4706

4. Article Number  
 P 861 689 754

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *Jimmy Brewer*

6. Signature - Agent  
 X *[Signature]*

7. Date of Delivery  
 12/13/1996

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1995

DOMESTIC RETURN RECEIPT

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check labels for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Harder Hall- Howard, Inc.  
 122 West Lake Dr. Blvd.  
 Sebring, FL 33872-5018

4. Article Number  
 P 861 689 759

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *Paul E. Howard*

6. Signature - Agent  
 X

7. Date of Delivery  
 12-15-97

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1995

DOMESTIC RETURN RECEIPT



**INSTRUCTIONS:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check manual for additional services requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Fairmount Utilities, Inc.  
 3625 Valeria Blvd.  
 Sebring, FL 33870-1048

4. Article Number  
 P 861 689 757

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *Julia Miller*

6. Signature - Agent  
 X

7. Date of Delivery  
 12/31/91

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**INSTRUCTIONS:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check manual for additional services requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Buttonwood Utilities, Inc.  
 10001 U.S. 27 South  
 Sebring, FL 33870-9629

4. Article Number  
 P 861 689 749

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X

6. Signature - Agent  
 X *A. Deeman*

7. Date of Delivery  
 1/11/92

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**INSTRUCTIONS:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check manual for additional services requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Clerk, Board of Cty. Commiss.  
 Highlands County  
 430 S. Commerce Ave.  
 Sebring, FL 33870-3701

4. Article Number  
 P 861 689 771

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *A. Kerr*

6. Signature - Agent  
 X

7. Date of Delivery  
 2/3/92

PS Form 3811, Apr. 1989 DOMESTIC RETURN RECEIPT

**Instructions:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and special services for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Sebring Ridge Utilities, Inc.  
 3625 Valerie Blvd.  
 P.O. Box 488  
 Sebring, Fl 33871-0488

4. Article Number  
 P 861 689 769

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *[Signature]*

6. Signature - Agent  
 X *[Signature]*

7. Date of Delivery  
 1-6-98

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

**DOMESTIC RETURN RECEIPT**

**Instructions:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and special services for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Oreola, Inc.  
 P.O. Box 1346  
 Sebring, FL 33871-1346

4. Article Number  
 P 861 689 753

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *[Signature]*

6. Signature - Agent  
 X

7. Date of Delivery  
 1-2-98

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

**DOMESTIC RETURN RECEIPT**

**Instructions:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and special services for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Lake Placid Utilities, Inc.  
 c/o Utilities, Inc.  
 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714

4. Article Number  
 P 861 689 765

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *[Signature]*

6. Signature - Agent  
 X

7. Date of Delivery  
 1/2/98

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Apr. 1989

**DOMESTIC RETURN RECEIPT**

P 863 689 763

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

PS Form 3800, June 1985 2000 *Jefferson Ave*

Sent to	<i>Highland White Corp</i>
Street and No.	<i>1511 V-27 South</i>
P.O. Office and ZIP Code	<i>State Road FL 33152-8917</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

P 863 689 762

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

PS Form 3800, June 1985 2000 *Jefferson Ave*

Sent to	<i>Highland White Corp</i>
Street and No.	<i>1511 V-27 South</i>
P.O. Office and ZIP Code	<i>State Road FL 33152-8917</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

P 863 689 764

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

PS Form 3800, June 1985 2000 *Jefferson Ave*

Sent to	<i>State Jayline water</i>
Street and No.	<i>760 Hemmick Rd.</i>
P.O. Office and ZIP Code	<i>State Road FL 33152-8917</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

C

P 861 689 758

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <i>F.L. Water Sinc. Corp</i>
Street and No. <i>P.O. Box 609520</i>
P.O. State and ZIP Code <i>Atlanta, GA 30360-9520</i>
Postage <i>PLACID</i> \$ <i>32</i>
Certified Fee \$ <i>1.35</i>
Special Delivery Fee <i>1991</i>
Restricted Delivery Fee
Return Receipt showing to whom and Date Delivered \$ <i>1.10</i>
Return Receipt showing to whom, Date, and Address of Delivery
TOTAL Postage and Fees \$ <i>2.77</i>
Postmark or Date

P 861 689 757

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <i>Parliament Utilities, Inc</i>
Street and No. <i>3625 Valencia Blvd.</i>
P.O. State and ZIP Code <i>Savannah, GA 31470-1041</i>
Postage <i>PLACID</i> \$ <i>32</i>
Certified Fee \$ <i>1.35</i>
Special Delivery Fee <i>1991</i>
Restricted Delivery Fee
Return Receipt showing to whom and Date Delivered \$ <i>1.10</i>
Return Receipt showing to whom, Date, and Address of Delivery
TOTAL Postage and Fees \$ <i>2.77</i>
Postmark or Date

P 861 689 756

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <i>Parliament Utilities, Inc</i>
Street and No. <i>47 State Street</i>
P.O. State and ZIP Code <i>Avon Park, FL 32825-51</i>
Postage <i>PLACID</i> \$ <i>32</i>
Certified Fee \$ <i>1.35</i>
Special Delivery Fee <i>1991</i>
Restricted Delivery Fee
Return Receipt showing to whom and Date Delivered \$ <i>1.10</i>
Return Receipt showing to whom, Date, and Address of Delivery
TOTAL Postage and Fees \$ <i>2.77</i>
Postmark or Date

2000 *J. J. J. J.*  
PS Form 3800, June 1995

2000 *J. J. J. J.*  
PS Form 3800, June 1995

P 861 689 761

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <i>Holland Ridge Assoc, Inc</i>
Street and No. <i>203 P. Ferry Vt. Rd.</i>
P.O. State and ZIP Code <i>Avon Park, FL 32825-600</i>
Postage <i>PLACID</i> \$ <i>32</i>
Certified Fee \$ <i>1.35</i>
Special Delivery Fee
Restricted Delivery Fee
Return Receipt showing to whom and Date Delivered \$ <i>1.10</i>
Return Receipt showing to whom, Date, and Address of Delivery
TOTAL Postage and Fees \$ <i>2.77</i>
Postmark or Date

P 861 689 760

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <i>Parliament Utilities, Inc</i>
Street and No. <i>P.O. Box 1991</i>
P.O. State and ZIP Code <i>Savannah, GA 31470-1891</i>
Postage <i>PLACID</i> \$ <i>32</i>
Certified Fee \$ <i>1.35</i>
Special Delivery Fee <i>1991</i>
Restricted Delivery Fee
Return Receipt showing to whom and Date Delivered \$ <i>1.10</i>
Return Receipt showing to whom, Date, and Address of Delivery
TOTAL Postage and Fees \$ <i>2.77</i>
Postmark or Date

2000 *J. J. J. J.*  
PS Form 3800, June 1995

P 861 689 759

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to <i>Harden Hill - Howard, Inc</i>
Street and No. <i>120 Westside Blvd.</i>
P.O. State and ZIP Code <i>Savannah, GA 31470-5018</i>
Postage <i>PLACID</i> \$ <i>32</i>
Certified Fee \$ <i>1.35</i>
Special Delivery Fee <i>1991</i>
Restricted Delivery Fee
Return Receipt showing to whom and Date Delivered \$ <i>1.10</i>
Return Receipt showing to whom, Date, and Address of Delivery
TOTAL Postage and Fees \$ <i>2.77</i>
Postmark or Date

2000 *J. J. J. J.*  
PS Form 3800, June 1995



P 861 689 751

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	C + H Utilities, Inc.
Street and No	P.O. Box 1058
P.O. State and ZIP Code	Sabang, PL 33471-1058
Postage	\$ 3.20
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

2000 Jefferson Ave.  
PS Form 3826, June 1995

P 861 689 750

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	C + H Utilities, Inc.
Street and No	P.O. Box 1058
P.O. State and ZIP Code	Sabang, PL 33471-1058
Postage	\$ 3.20
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

2000 Jefferson Ave.  
PS Form 3826, June 1995

P 861 689 749

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	Outboard Velders
Street and No	10001 U.S. 27
P.O. State and ZIP Code	Sabang, PL 33470-9659
Postage	\$ 3.20
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

P 861 689 753

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	Creda, Inc.
Street and No	P.O. Box 1346
P.O. State and ZIP Code	Sabang, PL 33471-1346
Postage	\$ 3.20
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

2000 Jefferson Ave.  
PS Form 3826, June 1995

P 861 689 755

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	Creda, Inc.
Street and No	P.O. Box 1346
P.O. State and ZIP Code	Sabang, PL 33471-1346
Postage	\$ 3.20
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

2000 Jefferson Ave.  
PS Form 3826, June 1995

P 861 689 754

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	County Club Sabang
Street and No	4800 Hawk Branch Rd
P.O. State and ZIP Code	Sabang, PL 33470-4706
Postage	\$ 3.20
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

P 861 689 769

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	<i>Spring Ridge, White Plains, N.Y.</i>
Street and No.	<i>305 White Plains Rd. 10604</i>
P.O. State and ZIP Code	<i>Springfield 32871-0408</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	<i>PLACED IN MAIL</i>
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<i>1397</i>
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

P 861 689 770

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	<i>Central B. by Cleaning Co.</i>
Street and No.	<i>P.O. Box 2089</i>
P.O. State and ZIP Code	<i>Baltimore MD 21201</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<i>1-10</i>
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

P 861 689 772

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	<i>Del. South District</i>
Street and No.	<i>2575 Victoria Ave. Ste-364</i>
P.O. State and ZIP Code	<i>Ft. Myers FL 33901</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<i>1.10</i>
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

P 861 689 765

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	<i>John Paul White</i>
Street and No.	<i>c/o White, Inc.</i>
P.O. State and ZIP Code	<i>2014</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<i>1.10</i>
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

P 861 689 766

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	<i>Standard Enterprises, Inc.</i>
Street and No.	<i>62 Tab Henry St.</i>
P.O. State and ZIP Code	<i>White Plains, N.Y. 32871-0408</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<i>1.10</i>
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

P 861 689 771

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	<i>Clark, the City Corner</i>
Street and No.	<i>430 E. Commerce Ave.</i>
P.O. State and ZIP Code	<i>Springfield FL 32870-3701</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<i>1.10</i>
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 2.77
Postmark or Date	

P 861 689 775

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Mayor, Town of Palm Beach	
Street and No.	50 Palm Breeze	
P.O. State and ZIP Code	Palm Beach, FL 33480-9613	
Postage	\$	.32
Certified Fee		1.35
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		1.10
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	2.77
Postmark or Date		

P 861 689 774

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Mayor, City of Sebring	
Street and No.	26 S. Commerce Ave.	
P.O. State and ZIP Code	Sebring, FL 33870-3606	
Postage	\$	.32
Certified Fee		1.35
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		1.10
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	2.77
Postmark or Date		

P 861 689 778

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Hon. J. R. ...	
Street and No.	5340 Edmund Oak Dr	
P.O. State and ZIP Code	Tallahassee, FL 32399-0857	
Postage	\$	.32
Certified Fee		1.35
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		1.10
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	2.77
Postmark or Date		

P 861 689 773

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	Mayor, City of Avon Park	
Street and No.	110 E. Main St.	
P.O. State and ZIP Code	Avon Park, FL 33825	
Postage	\$	.32
Certified Fee		1.35
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		1.10
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	2.77
Postmark or Date		

P 861 689 777

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	The City of Palm Beach Council	
Street and No.	400 ...	
P.O. State and ZIP Code	Tallahassee, FL 32309-4300	
Postage	\$	.32
Certified Fee		1.35
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		1.10
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	2.77
Postmark or Date	DEC 30 1997	

P 861 689 776

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to	F. W. R. Water Agent District	
Street and No.	3379 Broad Street	
P.O. State and ZIP Code	Tallahassee, FL 32309-0000	
Postage	\$	.32
Certified Fee		1.35
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		1.10
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	2.77
Postmark or Date	DEC 30 1997	

863 689 762

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	<i>Land White Corp</i>
Street and No	<i>U-127 South</i>
P.O. State and ZIP Code	<i>W. Palm Beach FL 33452-8910</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$2.77
Postmark or Date	

P 863 689 763

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

2000 Jefferson Ave  
PS Form 3825, June 1995

Sent to	<i>Land White Corp</i>
Street and No	<i>760 Henscote Rd.</i>
P.O. State and ZIP Code	<i>W. Palm Beach FL 33452-8917</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$2.77
Postmark or Date	

P 863 689 764

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

2000 Jefferson Ave  
PS Form 3825, June 1995

Sent to	<i>John Jayline Water</i>
Street and No	<i>760 Henscote Rd.</i>
P.O. State and ZIP Code	<i>W. Palm Beach FL 33452-8917</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$2.77
Postmark or Date	

P 863 689 759

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

Sent to	<i>Harden Hill - Howard Ave</i>
Street and No	<i>120 West Lake Blvd</i>
P.O. State and ZIP Code	<i>Delray Beach FL 33426-5018</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$2.77
Postmark or Date	

P 863 689 760

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

2000 Jefferson Ave  
PS Form 3825, June 1995

Sent to	<i>Land White Corp</i>
Street and No	<i>P.O. Box 1991</i>
P.O. State and ZIP Code	<i>Delray Beach FL 33426-1991</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$2.77
Postmark or Date	

P 863 689 761

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

2000 Jefferson Ave  
PS Form 3825, June 1995

Sent to	<i>Holland Ridge Assoc, Inc</i>
Street and No	<i>293 E. Broadway Vista Dr</i>
P.O. State and ZIP Code	<i>Delray Beach FL 33425-604</i>
Postage	\$ .32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.10
Return Receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$2.77
Postmark or Date	



L. Bates  
1400 Lake June Rd. NW  
Lake Placid, FL 33852

Jay Cia  
P.O. Box 634  
Lake Placid, FL 33852

Donna Brady  
107 Heal Ave. NW  
Lake Placid, FL 33852

Noel White  
348 Bonnie Rd. NW  
Lake Placid, FL 33852

Harry Pick  
RR# 1 P.O. Box 107  
Chenda, IL 61726

Susan Niemi  
839 Tangerine Rd. NW  
Lake Placid, FL 33852

Robert Norwood  
201 Pamela Rd. NW  
Lake Placid, FL 33852

Archie Summers  
842 Tangerine Rd. NW  
Lake Placid, FL 33852

Keith Fitzpatrick  
1912 Washington Blvd. NW  
Lake Placid, FL 33852

Howard Duell  
367 Carol Rd. NW  
Lake Placid, FL 33852

K. Fitzpatrick  
1914 Washington Blvd. NW  
Lake Placid, FL 33852

Ginger Shanklin  
357 Carol Rd. NW  
Lake Placid, FL 33852

Parker Norwood  
P.O. Box 2317  
Lake Placid, FL 33862

Clifford Moore  
1769 Washington Blvd. NW  
Lake Placid, FL 33852

George Grunfelder  
815 Magnolia Ave.  
Franklin Square, NY 11010

Richard Reed  
1801 Washington Blvd. NW  
Lake Placid, FL 33852

Robert Martin  
84 Bayview Ave.  
Bayport, NY 11705

Gary Peterson  
P.O. Box 700  
Lake Placid, FL 33862

David Langworthy  
124 Corine Ave. NW  
Lake Placid, FL 33852

David Lowder  
1812 Washington Blvd. NW  
Lake Placid, FL 33852

Cathy Bays  
123 Flo Ave. NW  
Lake Placid, FL 33852

Owl Construction  
2011 Mulligan Rd.  
Sebring, FL 33872

John Koss  
567 Keith Ave. NW  
Lake Placid, FL 33852

Samuel Licht  
1785 Washington Blvd. NW  
Lake Placid, FL 33852

Walter Johnson  
P.O. Box 96  
Lake Placid, FL 33862

Roberta Pickert  
P.O. Box 3093  
Lake Placid, FL 33862

Mark Fortier  
P.O. Box 1221  
Lake Placid, FL 33852

Garth Howe  
1779 S. Washington Blvd. NW  
Lake Placid, FL 33852

Irving Hurlbutt  
233 Marling St. NW  
Lake Placid, FL 33852

Carl Hadley  
1667 S. Washington Blvd. NW  
Lake Placid, FL 33852

Joe & Linda Vice  
P.O. Box 504  
Lake Placid, FL 33852

Mark Lagatta  
103 Ronald Rd. NW  
Lake Placid, FL 33852

Edward Donnelly  
P.O. Box 2220  
Lake Placid, FL 33862

James Newell  
1315 Lake Clay Dr.  
Lake Placid, FL 33852

Lucille Noble  
345 Frederick St. NW  
Lake Placid, FL 33852

R. Folsie/Macpherson  
317 Ronald Rd. NW  
Lake Placid, FL 33852

Richard Cruz  
810 Prince Ave. NW  
Lake Placid, FL 33852

Douglas Brown  
P.O. Box 345  
Lake Placid, FL 33852

Gilberto Cruz  
118 Edenwald Ave. NW  
Lake Placid, FL 33852

Marvin Bennett, Jr.  
106 Mathews St. NW  
Lake Placid, FL 33852

Tiles by Fran, Inc.  
1401 Lake Groves Rd. NW  
Lake Placid, FL 33852

Daniel Winter  
416 East Market St.  
McConnellsburg, PA 17233

Cheyene Moon Exc.  
651 Highlands Lake Dr.  
Lake Placid, FL 33852

Robert Vincent  
105 Marlin St. NW  
Lake Placid, FL 33852