

Sunshine Utilities

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

10230 E. Hwy. 25 · Belleview, FL 34420-5531

Office (352) 347-8228 · Fax (352) 347-6915

99 NOV -5 AM 8:56

MAIL ROOM

NOVEMBER 3, 1999

DIRECTOR, DIVISION OF RECORDS AND REPORTING
FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850

DEPOSIT

DATE

D209

NOV 05 1999

RE: CERTIFICATE AMENDMENT - OAKHAVEN

991681-KLU

PLEASE FIND ENCLOSED THE REQUIRED COPIES OF THE APPLICATION
TO AMEND WATER CERTIFICATE 363-W AS WELL AS THE SUPPORTING
DOCUMENTS.

IF THERE ARE ANY QUESTIONS, PLEASE FEEL FREE TO GIVE ME A
CALL.

VERY TRULY YOURS,

- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- MAS _____
- OPC _____
- PAI _____
- SEC _____
- WAW _____
- OTH _____

Pamela Christmas

PAMELA CHRISTMAS
MANAGER
/pc

SUNSHINE UTILITIES OF CENTRAL FL, INC.

10230 S.E. CTY HWY. 25
BELLEVIEW, FL 34420
PHONE (352) 347-8228

SUN BANK
OF NORTH CENTRAL FLORIDA
OCALA, FL 34478
83-72/631 806

23339

PAY \$100** DOLLARS AND 0** CENTS

DATE

AMOUNT

11/04/1999

\$100.00

TO THE
ORDER
OF

FLORIDA PUBLIC SERVICE
2540 SHUMARD OAK BLVD
TALLAHASSEE, FL 32399-0850

DOCUMENT NUMBER-DATE

13680 NOV-89

Pamela Christmas

SUNSHINE UTILITIES

AUTHORIZED SIGNATURE

023339

Sunshine Utilities

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

10230 E. Hwy. 25 · Belleview, FL 34420-5531

Office (352) 347-8228 · Fax (352) 347-6915

99 NOV -5 AM 8:56

MAIL ROOM

NOVEMBER 3, 1999

DIRECTOR, DIVISION OF RECORDS AND REPORTING
FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850

DEPOSIT

DATE

DZ 09

NOV 05 1999

RE: CERTIFICATE AMENDMENT - OAKHAVEN

PLEASE FIND ENCLOSED THE REQUIRED COPIES OF THE APPLICATION TO AMEND WATER CERTIFICATE 363-W AS WELL AS THE SUPPORTING DOCUMENTS.

IF THERE ARE ANY QUESTIONS, PLEASE FEEL FREE TO GIVE ME A CALL.

VERY TRULY YOURS,

Pamela Christmas

PAMELA CHRISTMAS
MANAGER

/pc

ENCLOSURES

Check received with filing and
forwarded to Fiscal for deposit.
Fiscal to forward a copy of check
to fiscal with proof of deposit.

Initials of person who forwarded check:

[Handwritten initials]