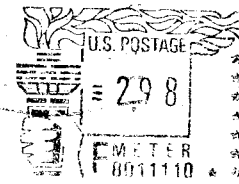
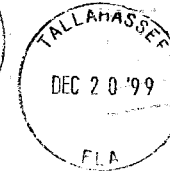


State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

ORIGINAL



~~COI
 Mr. Morris Jarmon, Sr.
 P. O. Box 3068
 Panama City FL 32401-0068~~

NAME
 1st Notice
 2nd Notice
 Return

12/21/99
12/29
12/8

CERTIFIED MAIL
 Return Receipt Requested
 No. 99-435

32401-0850/9850



Is your RETURN ADDRESS complete on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

991456

4a. Article Number

99-435

COI
 Mr. Morris Jarmon, Sr.
 P. O. Box 3068
 Panama City FL 32401-0068

- Certified
- Insured
- COD

Merchandise

Postage (Only if requested)

b. Signature of Addressee or Agent

X

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

2483

AFA
 APP
 CAF
 CMU
 CTR
 EAG
 LEG
 MAS
 OPC
 RRR
 SEC
 WAW
 OTH

DOCUMENT NUMBER - DATE

00601 JAN 13 8

FPSO-RECORDS/REPORTING