



RECEIVED ORIGINAL  
FLORIDA PUBLIC SERVICE COMMISSION  
99 DEC -9 AM 10: 08  
MAIL ROOM

December 8, 1999

**Via Federal Express**

Ms. Blanca Bayo, Director  
Division of Records & Reporting  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

Re: Docket No. 991666-WS  
Application for Amendment of Certificate Nos. 106-W in Lake County by Florida  
Water Services Corporation

Dear Ms. Bayo:

Enclosed for filing in the above-referenced docket, please find an original and fifteen copies of Late Filed Exhibit N-4 and P-2.

In order to confirm filing of this application, please date-stamp the enclosed copy of this letter and return it to me in the stamped, self-addressed envelope which is provided for your convenience.

If you need any additional information or other assistance, please call me at (407) 598-4267. Thank you for your cooperation.

Sincerely,

Matthew J. Feil  
Staff Attorney

Enclosures

- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG 1
- MAS \_\_\_\_\_
- OPC \_\_\_\_\_
- RRR \_\_\_\_\_
- SEC 1
- WAW \_\_\_\_\_
- OTH \_\_\_\_\_

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

RECEIVED

DEC 10 1999

Florida Public Service Commission  
Division of Water and Wastewater

DOCUMENT NUMBER-DATE

15203 DEC 15 99

Florida Water Services Corporation / P.O. Box 609520 / Orlando, Florida 32860-9520 / Phone 407/598-4100

Water For Florida's Future RECORDS/REPORTING

ORIGINAL

Appendix N-4

Copy of Certified Mail Stubs

DOCUMENT NUMBER - DATE

15303 DEC 15 88

TRAC-RECORDS/REPORTING

91

**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:  
 Richard E. Bair  
 W.B.B. Utilities, Inc.  
 4116 Bair Avenue  
 Fruitland Park, FL 34731-9647

4a. Article Number  
 Z 332 792 756

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-4-99

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service. Is your RETURN ADDRESS completed 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.  
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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:  
 Mayor, City of Leesburg  
 PO Box 490630  
 Leesburg, FL 32749-0630

4a. Article Number  
 Z 332 792 770

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-4-99

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

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 ■ Complete items 1 and/or 2 for additional services.  
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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:  
 Mayor, Town of Astatula  
 PO Box 609  
 Astatula, FL 34705-0609

4a. Article Number  
 Z 332 792 782

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-4-99

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

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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:  
 Mayor, City of Minneola  
 PO Box 678  
 Minneola, FL 34755-0678

4a. Article Number  
 Z 332 792 760

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-3-99

5. Received By: (Print Name)  
 X *[Signature]*

6. Signature: (Addressee or Agent)  
 X *[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**  
 ■ Complete items 1 and/or 2 for additional services.  
 ■ Complete items 3, 4a, and 4b.  
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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:  
 Mayor, City of Groveland  
 156 South Lake Avenue  
 Groveland, FL 34736-2597

4a. Article Number  
 Z 332 792 759

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-3-99

5. Received By: (Print Name)  
 D. Bridges

6. Signature: (Addressee or Agent)  
 X

PS Form 3811, December 1994 Domestic Return Receipt

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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:  
 Don Monn  
 Raintree Utilities, Inc.  
 37731 State Road 19  
 Umatilla, FL 32784-9618

4a. Article Number  
 Z 332 792 775

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11/5/99

5. Received By: (Print Name)  
 Don Monn

6. Signature: (Addressee or Agent)  
 X

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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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:  
 Rick Herskovitz  
 Aquasource Utility, Inc.  
 200 Corporate Center Dr. Suite 300  
 Coraopolis, PA 15108

4a. Article Number  
 Z 332 792 751

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 NOV 04 1999

5. Received By: (Print Name)  
 Rick Herskovitz

6. Signature: (Addressee or Agent)  
 X

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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 ■ Complete items 1 and/or 2 for additional services.  
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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:  
 Division of Records & Reporting  
 Florida Public Service Commission  
 2540 Shumard Oak Blvd.  
 Tallahassee, FL 32399-0850

4a. Article Number  
 Z 332 792 784

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 NOV 04 1999

5. Received By: (Print Name)  
 Rick Herskovitz

6. Signature: (Addressee or Agent)  
 X

PS Form 3811, December 1994 Domestic Return Receipt

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**SENDER:**  
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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:  
 Leroy K. New  
 Lake Yale Corp.  
 11643 Martel Court  
 Leesburg, FL 34788-8103

4a. Article Number  
 Z 332 792 774

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-3

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)  
 |||||

PS Form 3811, December 1994 Domestic Return Receipt

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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:  
 Earl Thieff  
 Lake Utility Co.  
 25201 US HWY 27  
 Leesburg, FL 34748-9099

4a. Article Number  
 Z 332 792 753

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-3-99

5. Received By: (Print Name)  
 R. Ellis

6. Sign  
 X

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

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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:  
 Mayor, City of Eustis  
 PO Drawer 68  
 Eustis, FL 32727-0068

4a. Article Number  
 Z 332 792 768

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-4-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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

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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:  
 St. Johns River Water Mgt District  
 PO Box 1429  
 Palatka, FL 32178-1429

4a. Article Number  
 Z 332 792 786

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-3-99

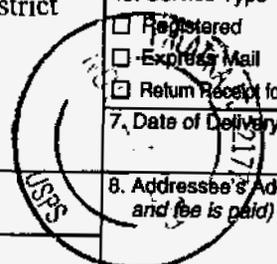
5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *[Signature]*

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

PS Form 3811, December 1994 Domestic Return Receipt

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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:  
 Mayor, City of Mascotte  
 PO Box 56  
 Mascotte, FL 34753-0056

4a. Article Number  
 Z 332 792 780

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-3-99

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

5. Received By: (Print Name)  
 Kristina Rosier

6. Signature: (Addressee or Agent)  
 X Kristina Rosier

PS Form 3811, December 1994 Domestic Return Receipt

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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:  
 Jim C. Branham  
 Pine Harbour Water Utilities  
 PO Box 447  
 Fruitland Park, FL 34731-0477

4a. Article Number  
 Z 332 792 764

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-3-99

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

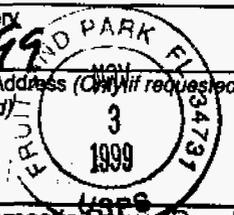
5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Madeline [Signature]

PS Form 3811, December 1994 Domestic Return Receipt

is your RETURN ADDRESS completed on the reverse side?

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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:  
 M. Huey  
 Harbor Hills Utilities  
 6538 Lake Griffin Road  
 Lady Lake, FL 32159-2900

4a. Article Number  
 Z 332 792 762

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-4-99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X Bob Bulmer

your RETURN ADDRESS completed on the reverse side?

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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:  
 Frank H. Haas  
 Pennbrooke Utilities, Inc.  
 146 Horizon Court  
 Lakeland, FL 33813-1742

4a. Article Number  
 Z 332 792 754

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11/4/99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

Thank you for using Return Receipt Service.

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Don Rasmussen  
 Lake Utility Services, Inc.  
 200 Weathersfield Avenue  
 Altamonte Springs, FL 32714-4027

4a. Article Number  
 2 332 792 763

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-3-99

5. Received By: (Print Name)  
 1

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

8. Signature: (Addressee or Agent)  
 X *A. Carballo*

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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:  
 Mayor, City of Clermont  
 PO Box 120219  
 Clermont, FL 32712-0219

4a. Article Number  
 2 332 792 758

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-3-99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)  
 CLERMONT FL  
 NOV 11 1999  
 USPS

6. Signature: (Addressee or Agent)  
 X *Anna Waters*

PS Form 3811, December 1994 Domestic Return Receipt

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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:  
 Mayor, City of Mount Dora  
 PO Box 176  
 Mount Dora, FL 32756-0176

4a. Article Number  
 2 332 792 771

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-3-99

5. Received By: (Print Name)  
 Arnold A

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

6. Signature: (Addressee or Agent)  
 X *Arnold A*

PS Form 3811, December 1994 Domestic Return Receipt

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 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:  
 Mayor, Town of Lady Lake  
 225 West Guava Street  
 Lady Lake, FL 32159-3735

4a. Article Number  
 2 332 792 787

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
 X *Mark Martin*

PS Form 3811, December 1994 Domestic Return Receipt

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- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mayor, City of Tavares  
PO Box 1068  
Tavares, FL 32778-1068

4a. Article Number

2332 792781

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

11/3

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X Stephen Hubbard*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

our RETURN ADDRESS completed 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

William E. Werner  
Shangri-La By the Lake Utilities  
11654 Long Lake Drive  
Sparta, MI 49345

4a. Article Number

2332 792755

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

11-6-99

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

5. Received By: (Print Name)

*M. H. WERNER*

Agent

*Werner*

1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

our RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DEP Central District  
3319 Maguire Blvd, Suite 232  
Orlando, FL 32803-3767

4a. Article Number

2332 792757

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

NOV 3 1999

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

**SENDER:**

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mayor, Town of Howey-In-The-Hills  
PO Box 67  
Howey-In-The-Hills, FL 34737-0067

4a. Article Number

2332 792785

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

11/03/99

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

5. Received By: (Print Name)

*CAROL J. GARRETT*

6. Signature: (Addressee or Agent)

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

**SENDER:**  
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 ■ 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:  
 Mayor, City of Fruitland Park  
 506 West Berckman Street  
 Fruitland Park, FL 34731-3200

4a. Article Number  
 2 332 792 779

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11/3/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *D. Hubbard*

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
 ■ Complete items 1 and/or 2 for additional services.  
 ■ Complete items 3, 4a, and 4b.  
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 ■ 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:  
 Jose A. Diez-Arguelles  
 Water Oak  
 31700 Middlebelt Road, Suite 145  
 Farmington Hills, MI 48334

4a. Article Number  
 2 332 792 776

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-4-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Nicole Pulkin*

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**  
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 ■ Complete items 3, 4a, and 4b.  
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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:  
 Mayor, Town of Mountverde  
 PO Box 560008  
 Montverde, FL 34729-0008

4a. Article Number  
 2 332 792 783

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11/8/99

5. Received By: (Print Name)  
 EVA HORVATH

6. Signature: (Addressee or Agent)  
 X *Eva Horvath*

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**  
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 ■ 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:  
 Administrator, City of Umatilla  
 PO Box 2286  
 Umatilla, FL 32784-2286

4a. Article Number  
 2 332 792 766

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11/8/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Eva Horvath*

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

**SENDER:**

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DEP Southwest District  
3804 Coconut Palm Drive  
Tampa, FL 33618-8318

4a. Article Number

Z 332 792 767

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery  
NOV - 8 1999

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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



PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service. RETURN ADDRESS completed on

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

State of Florida Public Council  
c/o The House of Representatives  
The Capitol  
Tallahassee, FL 32399-1300

4a. Article Number

Z 332 792 788

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery  
NOV 04 1999

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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



PS

Receipt

Thank you for using Return Receipt Service.

**SENDER:**

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- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Raymond Moats  
Century Realty Funds  
PO Box 5252  
Lakeland, FL 33807-5252

4a. Article Number

Z 332 792 752

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery  
11-4-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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

PS Form 3811, December 1994

Thank you for using Return Receipt Service. RETURN ADDRESS completed on

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Carl Wenz  
Lake Groves Utilities, Inc.  
2335 Sanders Road  
Northbrook, IL 60062-6196

4a. Article Number

Z 332 792 773

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery  
11/5/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

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

Thank you for using Return Receipt Service.

**SENDER:**  
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 ■ 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.  
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 ■ 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:  
 East Central FL Planning Council  
 1011 Wymore Road, Suite 105  
 Winter Park, FL 32789

4a. Article Number  
 Z 332 792 778

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11/3

5. Received By: (Print Name)  
 Lisa Boyle

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

Thank you for using Return Receipt Service.  
 Is your RETURN ADDRESS completed on the reverse side?

Return Receipt

**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:  
 Paul E. Day  
 Brendenwood Water System  
 PO Box 350294  
 Grand Island, FL 32735-0294

4a. Article Number  
 Z 332 792 761

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-3-95

5. Received By: (Print Name)  
 Paul E. Day

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

6. Signature: (Addressee or Agent)  
 X Paul E. Day

Thank you for using Return Receipt Service.  
 Is your RETURN ADDRESS completed on the reverse side?

Domestic Return Receipt

**SENDER:**  
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 ■ Complete items 3, 4a, and 4b.  
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 ■ 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:  
 Clerk, BOCC, Lake County  
 PO Box 7800  
 Tavares, FL 32778-7800

4a. Article Number  
 Z 332 792 777

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-3-99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
 X [Signature]

Thank you for using Return Receipt Service.  
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Domestic Return Receipt

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 ■ 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:  
 Joseph Linartas  
 Century Estates Utilities, Inc.  
 325 S. Orlando Ave  
 Winter Park, FL 32789

4a. Article Number  
 Z 332 792 772

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery  
 11-3-99

5. Received By: (Print Name)  
 Paul Linartas

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

6. Signature: (Addressee or Agent)  
 X Paul Linartas

Thank you for using Return Receipt Service.  
 Is your RETURN ADDRESS completed on the reverse side?

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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- 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:

Southlake Utilities, Inc.  
 PO Box 6209  
 Tallahassee, FL 32314-6209

4a. Article Number  
 Z 332 792 765

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fees paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X *Barbara Arnyze*



Domestic Return Receipt

Thank you for using Return Receipt Service.

## Late-Filed Exhibit P-2

Immediately upon completion of publication, an affidavit that the notice of actual application was published once in a newspaper of general circulation in the territory in a accordance with Rule 25-30.030, Florida Administrative Code. A copy of the proof of publication shall accompany the affidavit. This may be a late-filed exhibit.

The required affidavit of publication will be provided separately as a late-filed exhibit. Attached hereto as Appendix P-1 is Florida Water Services' request for publication of the required notice.

Attached hereto is the affidavit of publication.

**The Orlando Sentinel**

Published Daily

State of Florida } S.S.  
COUNTY OF ORANGE

Before the undersigned authority personally appeared Denise Little, who on oath says that he/she is the Legal Advertising Representative of The Orlando Sentinel, a daily newspaper published at TAVARES LAKE in LAKE County, Florida; that the attached copy of advertisement, being a LEGAL NOTICE NOTI in the matter of CERT. 106 W in the LAKE Court, was published in said newspaper in the issue; of 11/02/99

Affiant further says that the said Orlando Sentinel is a newspaper published at TAVARES LAKE County, Florida, and that the said newspaper has heretofore been continuously published in said LAKE County, Florida, each Week Day and has been entered as second-class mail matter at the post office in TAVARES LAKE County, Florida, for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that he/she 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.

*Denise Little*

The foregoing instrument was acknowledged before me this 2 day of November, 19 99, by Denise Little, who is personally known to me and who did take an oath.

(SEAL)

JULIA NICHOLS  
My Comm Exp. 9/23/2001  
Bonded By Service Ins  
No. 683016  
 Personally Known  Other I.D.

Exp. 9/23/2001  
Bonded By Service Ins  
No. 683016  
 Personally Known  Other I.D.

**LEGAL NOTICE  
NOTICE OF APPLICATION  
FOR AMENDMENT OF WATER**

You are hereby given notice on November 2, 1999, pursuant to Section 367.045, Florida Statutes, of the Application of Flori-

da Water Services Corporation to amend its Water Certificate No. 106-W to amend territory in Lake County, Florida as follows:

Township 22 South, Range 25 East, Lake County Florida

Section 2  
The N 1/2 of the SW 1/4 of the SW 1/4, Section 2.

The W 1/2 of the NW 1/4 of the SW 1/4, Section 2.

Section 3  
The E 1/2, Section 3.

The NW 1/4, Section 3.

The N 3/4 of the E 1/2 of the SW 1/4, Section 3.

Section 4  
The E 1/4 of the NE 1/4, Section 4.

The N 990 feet of the W 1/2 of the E 1/2 of the NE 1/4, Section 4.

Township 21 South, Range 25 East, Lake County, Florida

Section 33  
The SE 1/4 of the SE 1/4, Section 33.

Section 34  
The SW 1/4 of the SW 1/4, Section 34.

Any objection to the said application must be made in writing and filed within thirty days from this date to: Director, Division of Records and Reporting, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida, 32399-0870. A copy of said objection should be mailed to the application, whose address is: Florida Water Services Corporation, Attn: Matthew J. Feil, Esquire, P.O. Box 609520, Orlando, Florida 32860-9520.  
LAK2994221 NOV. 2, 1999