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APPLICATION FOR GRANDFATHER CERTIFICATE

(Pursuant to Section 367.171, Florida Statutes)

To: COMMISSIONER
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

DEPOSIT DATE
09 62 OCT 07 2009

CHK# 1186
\$200.00
10-5-09
RG

The undersigned hereby makes application for original certificate(s) to operate a water and/or wastewater utility in St. Johns County, Florida, and submits the following information:

PART I

APPLICANT INFORMATION

A) The full name (as it appears on the certificate), address and telephone number of the applicant:

ORANGEDALE UTILITIES, INC.

Name of utility

(904) 509-2417 (904) 824-4708
Phone No. Fax No.

528 MAJESTIC OAK PARKWAY
Office street address

ST. AUGUSTINE FL 32092
City State Zip Code

P.O. Box 886, Green Cove Springs, FL 32043
Mailing address if different from street address

redfish48@comcast.net
Internet address if applicable

B) The name, address and telephone number of the person to contact concerning this application:

Jon B. Stump (904) 509-2417
Name Phone No.

528 MAJESTIC OAK PARKWAY
Street address

ST. AUGUSTINE, FL 32092
City State Zip Code

DOCUMENT NUMBER-DATE
10334 OCT-78
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