

19339-1



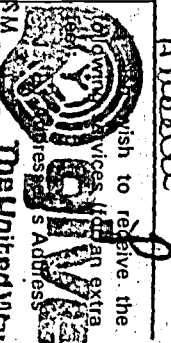
Signed Certified Letter Card

1727

4-069-0874

A check

RECEIVED
MAY 06 1992
INVESTOR
MAY 5 11 AM '92



SENDER:

- Complete items 1 and 2
- Complete items 3, and 4
- 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 package. A 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.

SM 2. Restricted Delivery Consult postmaster for fee.

2. your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to: **RECORDS ORLANDO**

James E. Brown, P.E.
Conkern, Peter & Holmes
P.O. Box 2508
Sanford, FL 32772-2508

4a. Article Number: **P954-253 434**

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery: **11/4/91**

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

5. Signature (Addressee): *[Signature]*

6. Signature (Agent): *[Signature]*

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



Official Business
RECEIVED

NOV 06 1992

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300

RECORDS at your name, address and ZIP Code here

S.JRWMD.
618 East South Street
Orlando, FL 32801

407

SENDER:

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

4-069-0276A
 THE GREATER CONSTRUCTION CORP
 POST OFFICE BOX 3873
 LONGWOOD FL 32791

4a. Article Number

P 411 919 405

4b. Service Type

- Insured
- COD
- Return Receipt for Merchandise

livery

12-23-91

5. Signature (Addressee)

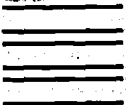
6. Signature (Agent)

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

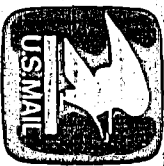
Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

UNITED STATES POSTAL SERVICE



PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



Official Business
Penalty for Private
Use \$300
RECEIVED

DEC 28 1992

PERMIT DATA SERVICES Your name, address and ZIP Code here
Palatka •

ST. JOHNS RIVER WATER MGMT. DISTRICT
DIVISION OF PERMIT DATA SERVICES
P.O. BOX 1429
PALATKA, FL. 32178-1429