



1727

# Signed Certified Letter Card

1727

Is your RETURN ADDRESS completed on the reverse side?

SENDER: 4-069-0276AM

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

M. Cook

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:  
 James C. Bianch, P.E.  
 Conklyn, Porter + Holmes  
 P.O. Box 2808  
 Sanford FL 32772-2808

4a. Article Number  
 P232 298 703

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

7. Date of Delivery  
 1-25-94

5. Signature (Addressee)

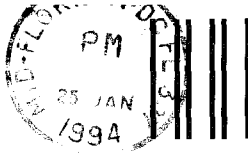
8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)  
 Ethel Hunter

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

Official Business



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



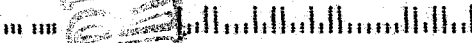
RECEIVED

JAN 26 1994

RECORDS  
ORLANDO

Print your name, address and ZIP Code here

St. Johns River Water Management District  
618 E. South Street, Suite 200  
Orlando, Florida 32801



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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:

4a. Article Number

2273 104 613

4b. Service Type

4-069-0276AM

8/ 9/94

THE GREATER CONSTRUCTION CORP  
POST OFFICE BOX 3873  
LONGWOOD FL 32791

Insured

COONGWOOD, FLA.

Return Receipt for Merchandise

Delivery

27 JUL 1994

02770 01126

5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

Official Business



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

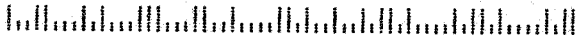


RECEIVED  
JUL 29 1994

ENTERED

Print your name, address and ZIP Code here

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



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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:

Dpt. of Plan. & Dev. Serv.  
 Attn: Walter O. Wood,  
 Sup.  
 P.O. Box 7800  
 Jowers, FL 32778-7800

4a. Article Number

2273 104659

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

8/1-94

5. Signature (Addressee)

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

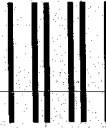
6. Signature (Agent)

*John F. ...*

4-069-0276 AM

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Official Business

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OF POSTAGE, \$300



RECEIVED  
AUG 03 1994

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PALATKA, FL. 32178-1429