

19339-3



# Signed Certified Letter Card

1727

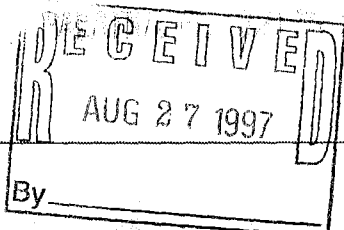
UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

ST. JAMES ... DISTRICT  
DIVISION ... SERVICES



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.
- 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:

4-069-0276 Ayma-ERP 9/ 9/97  
 DEPT OF PLANNING & DEV SERVICES  
 WALTER D WOOD SUPERVISOR  
 POST OFFICE BOX 7800  
 TAVARES FL 32778-7800

4a. Article Number

P182 699 925

4b. Service Type

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

7. Date of Delivery

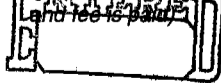
8-25-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *W. D. Wood*



Thank you for using Return Receipt Service.

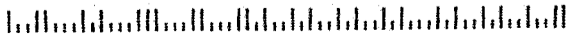
UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

RECEIVED  
AUG 28 1997  
By \_\_\_\_\_



Is your RETURN ADDRESS completed on the reverse side?

**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:

4-069-0276AM2-ERP                      9/ 9/97  
 GREATER CONSTRUCTION CORP  
 ATTN HAMPTON P CONLEY  
 1105 KENSINGTON PARK DRIVE  
 ALTAMONTE SPRINGS FL 32714

4a. Article Number

7182 699907

4b. Service Type

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

7. Date of Delivery

8-25-97

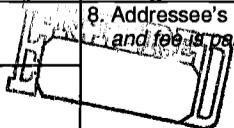
5. Received By: (Print Name)

P. HARRISON

6. Signature: (Addressee or Agent)

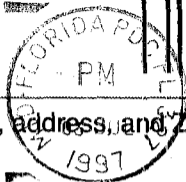
X

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



Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

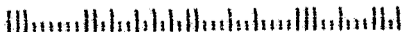
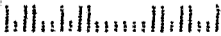
St. Johns River Water Management District  
618 E. South Street, Suite 200  
Orlando, Florida 32801

ENTERED  
7/10/97

RECEIVED

JUL 07 1997

PDS  
ORLANDO  
SJR



Is your RETURN ADDRESS completed on the reverse side?

SENDER: 4-069-D276 AM2-ERP

- 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.

R. Putkopian

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

P

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. James C. Branch, PE  
Conklin, Porter & Halmestrom  
101-A N Woodland Blvd. #100  
Deland, FL 32720

4a. Article Number

7454094444

4b. Service Type

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

7. Date of Delivery

DEC 03 1994

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X

SKR... (Handwritten signature)

Thank you for using Return Receipt Service.