

P 337 151 154

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Brenda SimmonsStreet & Number North Florida OilPost Office Box 157Post Office, State, & ZIP Code Astor FL 32102

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$

Postmark or Date

OCD-HW/E-C-97-0377

PS Form 3800, April 1995

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:

Brenda Simmons
North Florida Oil
P.O. Box 157
Astor FL 32102

4a. Article Number

P 337 151 154

4b. Service Type

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

7. Date of Delivery

8/14/97

5. Received By: (Print Name)

[Signature]
Brenda Simmons

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

OCD-HW-97-0397

6. Signature (Addressee or Agent)

[Signature]
Brenda Simmons

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

P 337 151 264

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Brenda SimmonsStreet & Number North FL OilPost Office Box 157Post Office, State, & ZIP Code Astor FL 32102

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$

Postmark or Date

JAN 12 1998

OCD-HW/E-C-98-0006

PS Form 3800, April 1995

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.

JAN 12 1998

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:

BRENDA SIMMONS OWNER
NORTH FLORIDA OIL
P O BOX 157
ASTOR FL 32102

4a. Article Number

P 337 151 264

4b. Service Type

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

7. Date of Delivery

1/13/98

5. Received By: (Print Name)

[Signature]
Brenda Simmons

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

OCD-HW-98-0006

6. Signature (Addressee or Agent)

[Signature]
Brenda Simmons

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

P 337 151 146

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Bob SimmonsStreet & Number North FL OilPost Office Box 157Post Office, State, & ZIP Code Astor FL 32102

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$

Postmark or Date

JUL 17 1997

OCD-HW/E-C-97-0374

PS Form 3800, April 1995

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.

JUL 17 1997

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:

Robert Simmons
North Florida Oil
P.O. Box 157
Astor, FL 32102

4a. Article Number

P 337 151 146

4b. Service Type

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

7. Date of Delivery

7/17/97

5. Received By: (Print Name)

[Signature]
Robert Simmons

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

OCD-HW-97-0374

6. Signature (Addressee or Agent)

[Signature]
Robert Simmons

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

P 337 151 154

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Brenda Simmons
North Florida Oil
Street & Number
Post Office Box 157
Post Office, State, & ZIP Code
Altamonte FL 32102

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$

Postmark or Date

OCD-HW/E-C-97-0377

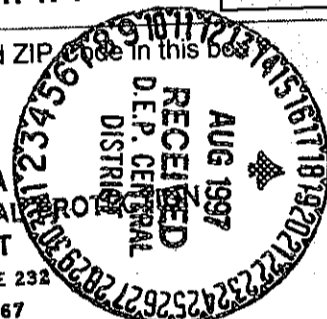
PS Form 3800, April 1995

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 •

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
CENTRAL DISTRICT
3319 MAGUIRE BLVD., SUITE 232
ORLANDO, FL 32803 - 5767



P 337 151 264

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Sent to Brenda Simmons
North FL Oil
Street & Number
P.O. Box 157
Post Office, State, & ZIP Code
Altamonte FL 32102

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$

Postmark or Date

JAN 12 1998
OCD-HW/E-C-98-0006

PS Form 3800, April 1995

P 337 151 146

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Altamonte FL 32102

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$

Postmark or Date

JUL 17 1997
OCD-HW/E-C-97-0374

PS Form 3800, April 1995

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 •

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
CENTRAL DISTRICT
3319 MAGUIRE BLVD., SUITE 232
ORLANDO, FL 32803 - 5767



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 •

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
CENTRAL DISTRICT
3319 MAGUIRE BLVD., SUITE 232
ORLANDO, FL 32803 - 5767

