

FEB 21 '96 09:46AM CPA-INTERCOM#233

Fax Transmittal Memo

To: Brenda Hawkins
Company: Public Service Comm.

No. of Pages: 1
From: Don Scholl
Company: Goal Investments, Inc.

Today's Date: 3-21-96

Location: Telephone #

Location: Fax # Telephone #

Comments

Original Deposition Delivery Return Call for pickup

Record # 1538

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of GOAL INVESTMENTS, INC., a Florida corporation, filed on October 11, 1993, as shown by the records of this office.

The document number of this corporation is P93000072213.

JoAnne, please place the attached in the docket file.

Thanx,
Brenda

Cerk. #4567

Given under my hand and the Great Seal of the State of Florida, Tallahassee, the Capital, this the Nineteenth day of October, 1993

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEN _____
- LTJ _____
- WJ _____
- TRG _____
- SEL _____
- WAL _____
- OTH _____

DOCUMENT NUMBER-DATE
02084 FEB 21 96
FPSC-RECORDS/REPORTING

REQUIRED BY COMMISSION RULE NO. 25-24.511

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO s. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

x Donald J. Scholl President
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

x DATE: January 30, 1996

FORM PSC/CMU 32 (R3-93) PAGE 5 OF 5
REQUIRED BY COMMISSION RULE NO. 25-24.511

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Goal Investments Inc.

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature Donald J. Schall

Title President

Date January 30, 1996

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of GOAL INVESTMENTS, INC., a Florida corporation, filed on October 11, 1993, as shown by the records of this office.

The document number of this corporation is P93000072213.

96 FEB -1 PM 12:36
MAIL ROOM

RECEIVED

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Nineteenth day of October, 1993



CR2EO22 (2-91)

Handwritten signature of Jim Smith.

Jim Smith
Secretary of State

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

For

Certificate to Provide Pay Telephone ServiceWithin the State of Florida

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. A \$100 non-refundable application fee along with the enclosed Applicant Acknowledgement Card must be completed and accompany the application before processing will begin.
- C. Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- D. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- E. Use a separate sheet for each answer which will not fit the allotted space.
- F. If you have any questions about completing the form, contact the Certificate Section at 904-488-1280 or write:

904 413 6600
Florida Public Service Commission
Capital Circle Office Center
2540 Shumard Oak Boulevard, Gunter Building
Tallahassee, FL 32399-0850

- G. Once completed, the original plus five (5) copies of this form, along with \$100 application fee, are to be submitted to:

Florida Public Service Commission
Capital Circle Office Center
2540 Shumard Oak Boulevard, Gunter Building
Tallahassee, FL 32399-0850