

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

960473-TC

1. LEGAL NAME OF THE APPLICANT

BILLY L. WALTERS

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

J+W LIQUIDATORS

3. ADDRESS OF THE APPLICANT(S)

STREET 1228 WALNUT GROVE WAY  
CITY ROCKLEDGE  
STATE & ZIP FL 32955-4630

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:   
OWN NAME.

**DOCUMENTATION:** No other documentation needed.

B. PARTNERSHIP:

**DOCUMENTATION:** Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

**DOCUMENTATION:** Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

**DOCUMENTATION:** Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: BILLY L. WALTERS  
TITLE: PRESIDENT  
PHONE: 407 638-3631

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

NO

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

NO

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

NO

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

NO

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER, DESCRIBE

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 10

11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER, DESCRIBE

\_\_\_\_\_  
\_\_\_\_\_

12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

Yes

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

Yes

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.

  
\_\_\_\_\_  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

X DATE: 03-29-96

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

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Billy L. Walters

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

Signature Billy L. Walters

Title President

Date 3/27/96

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.



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 9, 1996

ADRIANE L ROCCAFORTE  
TAX AND CONSULTING SERVICE, INC.  
979 CROTON ROAD  
MELBOURNE, FL 32935

The Articles of Incorporation for J & W LIQUIDATORS, INC. were filed on February 5, 1996 and assigned document number P96000012720. Please refer to this number whenever corresponding with this office regarding the above corporation.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

**A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.**

**A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.**

**SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.**

Should you have any questions regarding corporations, please contact this office at the address given below.

Beth Register, Corporate Specialist Supervisor  
New Filings Section

Letter Number: 196A00005849

# ARTICLES OF INCORPORATION

The undersigned Incorporator, for the purpose of forming a corporation under the laws of The State of Florida, hereby adopts the following Articles of Incorporation:

## ARTICLE I

The name of the corporation shall be:

J & W LIQUIDATORS, INC.

FILED  
96 FEB -5 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II

The principal place of business and mailing address of this corporation shall be:

P. O. BOX 56-0312  
ROCKLEDGE, FLORIDA 32956-0312

## ARTICLE III

The maximum number of shares of stock that this corporation is authorized to have outstanding, at any one time, is:

Five Thousand (5000) Shares  
At No Dollar (\$0.00) Par Value.

All of said authorized shares of stock shall be of one class.



FLORIDA DEPARTMENT OF STATE  
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Secretary of State

February 9, 1996

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Beth Register, Corporate Specialist Supervisor  
New Filings Section

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ARTICLE IV

The name and address of the initial Registered Agent of this corporation is:

BILLY LEE WALTERS  
1228 WALNUT GROVE WAY  
ROCKLEDGE, FLORIDA 32955-4630

ARTICLE V

The general nature of the business and the objects and purposes proposed to be transacted and carried on by this corporation are:

To do any or all of the things permitted or provided by the laws of The State of Florida and to the extent permitted and provided by said laws.

ARTICLE VI

This corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by law. Every such amendment shall be approved by the Board of Directors, proposed by them to the shareholders, and approved, at a shareholders meeting, by a majority of the shares entitled to vote thereon, unless all of said directors and all of said shareholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

ARTICLE VII

The private property of the shareholders of this corporation shall not be subject to the payment of the debts of this corporation to any extent whatsoever. This corporation shall have a first lien on the shares of its shareholders and upon the dividends due them for any indebtedness, of such shareholders, to this corporation.

ARTICLE VIII

The name and street address of the Incorporator to these Articles of Incorporation, who shall also serve as the Initial Director of this Corporation, is:

BILLY LEE WALTERS  
P. O. BOX 56-0312  
ROCKLEDGE, FLORIDA 32956-0312

THE UNDERSIGNED INCORPORATOR has executed these Articles of Incorporation this 01 day of February, 1996.

Billy Lee Walters  
BILLY LEE WALTERS

**ACKNOWLEDGEMENT**

Having been named as the Initial Registered Agent to accept service of process, at the place designated, for the above named corporation, in the foregoing Articles of Incorporation, I hereby accept this appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Dated February 01, 1996.

Billy Lee Walters  
BILLY LEE WALTERS  
Registered Agent For  
J & W LIQUIDATORS, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 FEB -5 PM 1:19

FILED

\$100.00  
#3449  
4/9/96  
JAF

**FLORIDA PUBLIC SERVICE COMMISSION**

**Application Form**

**For**

**Certificate to Provide Pay Telephone Service**

**Within the State of Florida**

2697

D#293 4/15/96

- 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

ADMINISTRATION MAIL ROOM

JUN 12 10 23 AM '96

RECEIVED

#100.00  
# 2142  
4/15/96  
JAF

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

For

Certificate to Provide Pay Telephone Service

Within the State of Florida

D# 293 4/15/96

2007

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

G. Once completed

No. 3445

COMTEL COMMUNICATIONS GLOBAL NETWORK, INC.  
 OPERATING ACCOUNT  
 3467 NE 163RD ST.  
 NORTH MIAMI BEACH, FL 33160

DATE 4/8/96

\$100

Fla Public Service Commission

Two Hundred and 00/100

*Stephanie...*  
*David A...*

County National Bank  
 OF SOUTH FLORIDA  
 MAIN OFFICE NORTH MIAMI BEACH, FLORIDA 33162

Billy L. WALTERS