

960894-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

MICHAEL L. ROMACK SR. DEPOSIT TREAS. REC. DATE

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS 0354 同電通同同 AUG 08 '96

IN TOUCH LIMITED, INC.

3. ADDRESS OF THE APPLICANT(S)

STREET 819 COACH-N-FOUR DR.

CITY LEESBURG

STATE & ZIP FLORIDA 34748

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 ARNOLD D. BARKLEY II

ADDRESS 819 COACH-N-FOUR DR.

LEESBURG, FLORIDA, 34748

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

DOCUMENT NUMBER-DATE

08301 AUG-89

FPSC-RECORDS/REPORTING

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

NAME: MICHAEL L. ROMACK SR.  
TITLE: C. F. O.  
PHONE: 352-326-2233

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 CANCELED PAY TELEPHONE CERTIFICATES.

1

NO

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

N/A

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.

SUBMITTING TO FLORIDA VIA THIS APPLICATION.

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. 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 INSTRUMENT THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 25

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

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

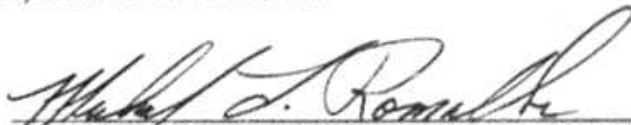
12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515)6, F.A.C.

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 TO AND USABLE BY THE PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See rule 25-24.515(14), F.A.C.)

YES

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FORGOING 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 §.837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH 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)

DATE: AUGUST 5, 1996

APPLICANT ACKNOWLEDGMENT CARD

Applicant MICHAEL L. ROMACK SR.

I acknowledge receipt and understanding of the Florida Public Service Commissions  
Rules and Requirements relation to my provision of Pay Telephone Service.

Signature Michael L. Romack

Title C. F. O.

Date AUGUST 5, 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.

# PLEASE READ!!!

ATTACHMENT B

## FLORIDA PUBLIC SERVICE COMMISSION

Application Form

DEPOSIT TREAS. REC. DATE

FOR

D354

AUG 08 '96

Certificate to Provide Pay Telephone Service

Within 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. If the answer to question #2 is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- D. 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.
- E. 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.
- F. Use a separate sheet for each answer which will not fit the allotted space.
- G. If you have any questions about completing the form, contact the Certificate Section at (904) 413-6556.
- H. 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  
Gunter Building, 2540 Shumard Oak Boulevard  
Capital Circle Office Center  
Tallahassee, FL 32399-0850

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NAME ARNOLD D. BLAKELY II

ADDRESS 819 COACH-N-FOUR DR.  
LEESBURG, FLORIDA, 34748

IN TOUCH LIMITED, INC. 07-96  
352-326-2233  
34 MICHELLE AVE  
LEESBURG, FL 34748

1002  
63-528/031

5 AUGUST 1996

Registered with

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION \$ 100.<sup>00</sup>

ONE HUNDRED

99

DOLLARS



*Michael L. Rorack Sr.*

DOCUMENT NUMBER-DATE

08301 AUG-8 96

FS-C-RECORDS/REPORTING