

8/22/96
LAF #118
\$100.00
960983-7C

FLORIDA PUBLIC SERVICE COMMISSION

Application Form DEPOSIT TREAS. REC. DATE

For D366 AUG 27 '96

Certificate to Provide Pay Telephone Service
Within the State of Florida

RECEIVED
AUG 28 8 17 AM '96
MAIL ROOM

- 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 of this form, along with

JOSEPH A. ROBERTS OR
CAROL E. ROBERTS
8369 TRANQUIL DR. PH. (352) 688-9295
SPRING HILL, FL 34606

118
83-27/831
220

8/22 1996
Public Service Comm. \$ 100.⁰⁰
and 100 Dollars
DELUXE VALUE MEMBER

the order of
One hundred
NationsBank USA
Official Sponsor 1994/1996 U.S. Olympic Team
NationsBank of Florida, N.A.

Joseph A. Roberts

DOCUMENT NUMBER-DATE

09092 AUG 26 96

FPSC-RECORDS/REPORTING

PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL RESPONSIBLE FOR COMPLETION OF THIS APPLICATION
FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. RE

1. NAME:
LEGAL NAME OF THE APPLICANT
TITLE: Stephen Clinton Jordan **0367**

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
HAS APPLIED FOR ANY SUCH SERVICE IN ANY STATE OR TERRITORY OF THE U.S. IN THE PAST 12 MONTHS? Stephen Clinton Jordan DIRECTOR

3. ADDRESS OF THE APPLICANT(S)
STREET: 814 N.E. 16th Place
CITY: Ft. Lauderdale
STATE & ZIP: FL 33305

4. TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.

DOCUMENTATION: No other documentation needed.

B. IS PARTNERSHIP PROVIDING PAY TELEPHONE SERVICE
DOCUMENTATION: Attach a copy of the partnership agreement with the name and address of all partners.

C. CORPORATION:
DOCUMENTATION: Attach proof that articles of incorporation filed with the Florida Secretary of State's Office. If applicant has authority to operate in Florida and provide name of Florida Registered Agent.

NAME: Doing business under
ADDRESS: _____

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 JAF #118
 \$100.00

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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, 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

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

960983-TC

1. LEGAL NAME OF THE APPLICANT

Joseph A. Roberts

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Joseph A. Roberts DBA
J. R. Communications

3. ADDRESS OF THE APPLICANT(S)

STREET 8359 Tranquil Dr.
CITY Spring Hill
STATE & ZIP FL 34606-6576

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 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: Joseph A Roberts
TITLE: owner
PHONE: (352) 688-9295

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.

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.

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: 8/22/96

FORM PSC/CMU 32 (R3-93) PAGE 5 OF 5
REQUIRED BY COMMISSION RULE NO. 25-24.611

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Joseph A. Roberts

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

Signature Joseph A. Roberts

Title OWNER

Date 8/22/96

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

April 30, 1996

J.R. COMMUNICATIONS
P O BOX 3181
SPRING HILL, FL 34611

Subject: **J.R. COMMUNICATIONS**

REGISTRATION NUMBER: **G9612000027**

This will acknowledge the filing of the above fictitious name registration which was registered on April 29, 1996. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (904) 487-6058.

Fictitious Name Section
Division of Corporations

Letter No. 696A00020741