

**Hart Communications**  
Division of NWC&L Enterprises Inc.

DEPOSIT TREAS. REG. DATE

D477 MAR 10 '97

9102-91-TX

# **Proposal and Application for Alternative Local Exchange Service**

**Florida Exchange**

DOCUMENT NUMBER-DATE

02547 MAR 10 97

FPSC-RECORDS/REPORTING

**FLORIDA PUBLIC SERVICE COMMISSION  
CAPITAL CIRCLE OFFICE CENTER - 2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FLORIDA 32399-0860**

**APPLICATION FORM  
for**

**AUTHORITY TO PROVIDE ALTERNATIVE LOCAL EXCHANGE SERVICE  
WITHIN THE STATE OF FLORIDA**

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**INSTRUCTIONS**

1. This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing alternative local exchange certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee.
  2. Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
  3. Use a separate sheet for each answer which will not fit the allotted space.
  4. If you have questions about completing the form, contact:  

**Florida Public Service Commission  
Division of Communications, Certification & Compliance Section  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0860  
(904) 413-6600**
  5. Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$250 made payable to the Florida Public Service Commission at the above address.
-

1. This is an application for (check one):

( ) Original authority (new company)

( ) Approval of transfer (to another certificated company)  
**Example.** a certificated company purchases an existing company and desires to retain the original certificate authority.

( ) Approval of assignment of existing certificate (to a noncertificated company)  
**Example.** a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

( ) Approval for transfer of control (to another certificated company)  
**Example.** a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant:

HTR & L Enterprises, Inc.

3. Name under which the applicant will do business (d/b/a):

HART COMMUNICATIONS

4. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: 697069900007

5. A. National mailing address including street name, number, post office box, city, state, zip code, and phone number.

HTR & L Enterprises, Inc.

Phone (912) 242-3237

1919 North Ashley Street, P. O. Box 2151, Valdosta, Georgia 31602

B. Florida mailing address including street name, number, post office box, city, state, zip code, and phone number.

6. Structure of organization:

- |  |  |
|--|--|
| <input type="checkbox"/> Individual          | <input type="checkbox"/> Corporation                 |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership         |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership         |
| <input type="checkbox"/> Joint Venture       | <input type="checkbox"/> Other, Please explain _____ |

7. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity.

N/A

8. State whether any of the officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

N/A

9. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: 9631617 GA  
F9700000-1201 FL

10. Please provide the name, title, address, telephone number, internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

John H. Fondren, Jr. CEO and Donald Munro CFO  
1919 North Ashley Street phone (912) 242-3237  
Valdosta, Georgia 31602 fax (912) 242-363

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

Georgia as an agent for another corporation.

12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial.

NO

13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for penalty.

NO

14. Please indicate how a customer can file a service complaint with your company. Contacting persons indicated in ITEM #10, By mail, phone, or in person at the aforementioned address and phone number during the hours of 8:00am til 5:30 pm weekdays.

15. Please complete and file a price list in accordance with Commission Rule 25-24.025.

ATTACHED

16. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide alternative local exchange service in Florida.

A. Financial capability.

Regarding the showing of financial capability, the following applies:

The application should contain the applicant's financial statements for the most recent 3 years, including:

1. the balance sheet
2. income statement
3. statement of retained earnings.

Further, a written explanation, which can include supporting documentation, regarding the following should be provided to show financial capability.

1. Please provide documentation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.

2. Please provide documentation that the applicant has sufficient financial capability to maintain the requested service.

3. Please provide documentation that the applicant has sufficient financial capability to meet its lease or ownership obligations.

**NOTE:** This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

Chapter 1 of proposal explain and supports the resources and support necessary for this certificate.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should attest that the financial statements are true and correct.

**B. Managerial capability.**

ATTACHED

**C. Technical capability.** resale only

(If you will be providing local intra-exchange switched telecommunications service, then state how you will provide access to 911 emergency service. If the nature of the emergency 911 service access and funding mechanism is not equivalent to that provided by the local exchange companies in the areas to be served, described in detail the difference.)

**AFFIDAVIT**

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange service in the State of Florida. I have read the foregoing and declare that to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083".

Official: *Phill Fouchon, Jr.*  
Signature

4 March 97  
Date

Title: - CEO -

(912) 242-3237  
Telephone Number

Address: 1919 N. ASHLEY ST.  
P.O. Box 2151  
VALDOSTA, GA. 31602



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## Hart Communications

### Tallahassee Office

Hart Communications has been created to provide an Alternative Local Exchange Service to the people of Florida

- 1) Using the existing resources of HTR&L Enterprises and one new hire (Resume enclosed) Hart Communications will open the first Florida office in Tallahassee and proceed to enlist independent agents in the surrounding areas to attract clientele
- 2) Upon Certification, Hart Communications will be located in the Hart Truck Rental location which will be expanding to Tallahassee simultaneously. The synergy from the two organizations in one location will provide adequate resources to become self sustaining within the first three months.

#### **Background**

HTR&L Enterprises was incorporated in October of 1996. The business was started in March of the same year (see enclosed financial statements). The business evolved from an existing business Earl Mayo Rents which has been in existence for more than (20) years. John H. Fondren Jr. is the sole proprietor of Earl Mayo Rents and also the CEO and majority stockholder of HTR&L Enterprises Inc. John not only has (30) plus years of customer service but also has a degree in Law with Bar results pending.

The CFO and minority stockholder of HTR&L Enterprises Inc. is Donald G. Munro. Don has a dual BA degree in Accounting and Business Management and also has (30) years in Business and Industry. Don is currently employed as Production Manager for Soft America Inc. where he has held various positions for over (20) years.

HTR&L Enterprises also employs two other multitalented individuals chosen specifically for their customer service skills in addition to being expert in the operation of business software and computers. The team under the trade name of Earl Mayo Rents currently acts as an agent for a Local Exchange Service in Georgia (Georgia Comm South). The same skills unique to the team offers the opportunity to expand in to the Local Exchange Service Markets in Florida without conflict with existing agreements.

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## **Financial**

Statements for HTR&L Enterprises are enclosed along with applicable information from Earl Mayo Rents. As with any sole proprietorship or closely held corporation the personal finances of the principals are subject to become a resource to the company at any given time. Therefore saving statements are enclosed.

HTR&L has a strong relationship with the Park Ave Bank with the primary contact being Clay Gibson. Nations Bank and Commercial Bank and Trust all of Valdosta, Ga are also resources currently in use either personally or through Earl Mayo Rents.

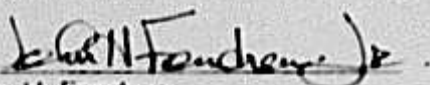
Since the financial statements were issued HTR&L has acquired an additional \$50k in residential rental property and \$4k in stocks.

Projected Sales and Financial statements for three different regions are enclosed.

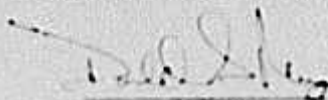
Hart Communications  
Division of HTR & L Enterprises

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The financial statements enclosed are abbreviated and unaudited. However as Officers of the Corporation we attest that the financial statements are true and correct



John H. Fondren  
President and CEO



Donald G. Munro  
Secretary/Treasurer and CEO

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Issued March 14, 1996

By

John Fondren, CEO  
1919 N Ashley St  
Valdosta, Ga 31602

# Balance Sheet

# NT&L Enterprises Inc

	ABBREVIATED UNAUDITED DATA				
	1998	1ST QTR	2ND QTR	3RD QTR	4TH QTR
<b>Assets</b>					
<b>Current Assets</b>					
Cash and cash equivalents		\$4,116	\$1,600	\$1,052	\$1,114
Accounts receivable		\$0	\$195	\$56	\$90
Inventory				\$0	\$0
Other current assets					
<b>Total Current Assets</b>		\$4,116	\$1,795	\$1,108	\$2,204
<b>Fixed Assets</b>					
Land					
Buildings		\$21,000	\$21,000	\$21,000	\$21,000
Equipment		\$31,000	\$56,000	\$92,000	\$126,000
Subtotal		\$52,000	\$77,000	\$113,000	\$147,000
Less accumulated depreciation		\$58	\$3,011	\$7,658	\$16,133
<b>Total Fixed Assets</b>		\$51,942	\$73,989	\$105,342	\$130,867
<b>Intangible Assets</b>					
Cost					
Less accumulated amortization					
<b>Total Intangible Assets</b>		\$0	\$0	\$0	\$0
<b>Other assets</b>					
<b>Total Assets</b>		\$56,058	\$78,786	\$109,450	\$135,371
<b>Liabilities and Stockholders' Equity</b>					
<b>Current Liabilities</b>					
Accounts payable		\$0	\$0	\$0	\$0
Notes payable		\$51,901	\$67,897	\$92,505	\$112,380
Current portion of long term debt					
Income taxes					
Accrued expenses		\$379	\$346	\$411	\$1,754
Other current liabilities					
<b>Total Current Liabilities</b>		\$52,271	\$68,243	\$92,916	\$114,134
<b>Non-Current Liabilities</b>					
Long term debt		\$0	\$0	\$0	\$0
Deferred income					
Deferred income taxes					
Other long term liabilities					
<b>Total Liabilities</b>		\$52,271	\$68,243	\$92,916	\$114,134
<b>Stockholders' Equity</b>					
Capital stock issued		\$0	\$0	\$0	\$0
Additional paid in capital		\$3,787	\$9,802	\$16,123	\$21,217
Retained earnings		\$0	\$0	\$0	\$0
<b>Total Liabilities and Equity</b>		\$56,058	\$78,786	\$109,450	\$135,371
<b>"C" Corporation (VA)</b>					
Cash balance positive or (negative)		Positive	Positive	Positive	Positive
Amount owed in full of balance		\$0	\$0	\$0	\$0
Amount cash flow out of balance		\$0	\$0	\$0	\$0

# Income Statement Sheet **STRYL Enterprises Inc.**

	ABBREVIATED UNAUDITED DATA				Total Period
	1ST QTR March 1 1986	2ND QTR	3RD QTR	4TH QTR	
<b>Sales</b>					
Sales	\$1 733	\$13 755	\$18 713	\$25 499	\$59 700
Cost of sales	\$0	\$0	\$0	\$0	\$0
<b>Gross profit</b>	\$1 733	\$13 755	\$18 713	\$25 499	\$59 700
<b>Expenses</b>					
Operating expenses	\$2 388	\$8 140	\$12 083	\$15 171	\$37 782
Interest	\$171	\$1 656	\$2 002	\$3 174	\$7 003
Depreciation	\$58	\$4 156	\$4 646	\$7 302	\$16 162
<b>Total expenses</b>	\$2 617	\$13 952	\$18 731	\$25 647	\$60 947
<b>Operating income</b>	(\$884)	(\$197)	(\$18)	(\$148)	(\$1 247)
<b>Other income and expenses</b>					
Gain (loss) on sale of assets					\$0
Other (net)					\$0
<b>Subtotal</b>	\$0	\$0	\$0	\$0	\$0
<b>Income before tax</b>	(\$884)	(\$197)	(\$18)	(\$148)	(\$1 247)
Please enter a tax percentage					
Taxes @ 40%	\$0	\$0	\$0	\$0	\$0
<b>Net income</b>	(\$884)	(\$197)	(\$18)	(\$148)	(\$1 247)
Retained earnings-beginning	\$0	\$0	\$0	\$0	\$0
Dividends paid	\$0	\$0	\$0	\$0	\$0
Retained earnings-ending	(\$884)	(\$197)	(\$18)	(\$148)	(\$1 247)

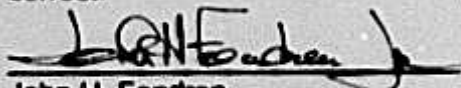
### Detailed Supporting Information

SEE ATTACHED SPREAD SHEET

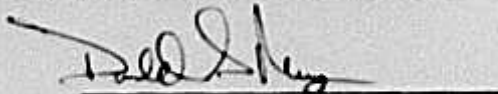
**Hart Communications**  
**Division of HTR & L Enterprises**

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John H. Fondren  
President and CEO



Donald G. Munro  
Secretary/Treasurer and CFO

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Issued March 14, 1998

By:

John Fondren, CEO  
1919 N. Ashley St.  
Valdosta, Ga 31602



DEPRECIATION TABLE

VALUE	March	April	May	June	July	Aug	Sept	October	November	December
3100 12500										
3101 12500		\$694 44	\$694 44							
3102 12500										
3501 12500				\$1 368 89	\$1 368 89	\$1 368 89	\$1 368 89	\$1 368 89		
3103 11000										
3104 12500										
3105 12500										
3106 13900										
3300 6500										
3502 14200										
3109 11000										
3110 11000										
3111 11000										
3502 -2000										
3112 11000										
3113 11000										
3114 11000										
3503 12000										
3115 11000										
3116 11000										
3117 11000										
3503 12000										
3118 11000										
3119 11000										
3120 11000										

ACCRUED EXP  
LIABILITY

310	\$1901	\$49 867 56	\$71 438 05	\$67 897 27	\$64 255 74	\$70 696 53	\$82 505 31	\$107 393 53	\$102 919 60	\$112 379 81
LIABILITY	\$52 271 00	\$49 867 56	\$71 438 05	\$68 243 27	\$64 255 74	\$72 896 53	\$82 506 31	\$107 393 53	\$102 919 60	\$112 379 81

CAPITAL  
TRIAL BALANCE

EQUITY	\$3 787 14	\$5 402 64	\$8 034 58	\$8 662 46	\$12 669 54	\$14 603 40	\$16 733 40	\$18 580 78	\$21 557 00	\$21 237 33
CAPITAL	\$3 000 00	\$55 270 20	\$79 472 63	\$78 105 73	\$76 928 28	\$85 939 93	\$109 059 71	\$127 074 30	\$124 476 59	\$135 371 14

ASSETS  
LESS ACC/DEP  
AR

ASSETS	\$52 000 00	\$52 000 00	\$77 000 00	\$77 000 00	\$77 000 00	\$88 000 00	\$113 000 00	\$133 600 00	\$133 400 00	\$147 900 00
CASH	\$4 116 47	\$4 061 31	\$4 036 51	\$3 920 44	\$4 281 61	\$3 614 48	\$3 662 04	\$3 692 85	\$3 740 04	\$3 514 47
LESS ACC/DEP	(\$9 33)	(\$811 11)	(\$1 963 89)	(\$2 011 11)	(\$4 458 33)	(\$5 905 55)	(\$7 658 33)	(\$12 105 55)	(\$13 179 44)	(\$16 133 33)
AR	\$0 00	\$0 00	\$0 00	\$196 40	\$102 00	\$231 00	\$56 00	\$87 00	\$456 00	\$90 00

TRIAL BALANCE

ASSETS	\$56 058 14	\$55 270 20	\$79 472 63	\$78 105 73	\$76 928 28	\$85 939 93	\$109 059 71	\$127 074 30	\$124 476 59	\$135 371 14
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**SAFT AMERICA INC.**  
**RETIREMENT AND SAVINGS**

**J G MUMFORD**  
**GOLF DR**  
**LAKE PARK GA 31636**

**CONTR**

**EMPLOYEE**

**130,430.7**  
**948**

**10/01/1998**  
**Balance**  
**Contributions**  
**Investment**  
**Results**  
**12/31/1998**  
**Balance**  
**Vested Percent**

**301**

**INVEST**

**10/01/**  
**Balance**  
**Contrib**  
**Investm**  
**Results**



**SCHEDULE C**  
**(Form 1040)**

Department of Treasury  
Internal Revenue Service (991)

**Profit or Loss From Business**

(Sole Proprietorship)

Partnerships, joint ventures, etc. must file Form 1065.

Attach to Form 1040 or Form 1041.

See instructions for Schedule C (Form 1040).

OMB No. 1545-0047

**1995**

Attachment  
Sequence No. 09

Name of proprietor: **JOHN H.**

**FONDREN**

Social Security number (SSN)

**A** Principal business or profession, including product or service (see page C-1):  
**RENTAL EQUIPMENT**

**B** Enter principal business code:  
**777**

**C** Business name, if no separate business name, leave blank:  
**EARL MAYO RENTS**

**D** Employer ID no. (EIN), if any

**E** Business address:  
1919 N. ARDLEY STREET  
City, State, ZIP: VALDOSTA GA 31602

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify):

**G** Method(s) used to value closing inventory: (1)  Cost (2)  Lower of cost or market (3)  Other (attach explanation) (4)  None (do not apply if checked, skip line H)

Yes	No
	X
X	

**H** Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation

**I** Did you "materially participate" in the operation of the business during 1995? If "No," see page C-2 for limit on losses

**J** If you started or acquired this business during 1995, check here

**Part I Income**

<b>1</b> Gross receipts or sales. <b>Caution:</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-2 and check here	<b>1</b>	78,310.
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	78,310.
<b>4</b> Cost of goods sold (from line 46 on page 2)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	78,310.
<b>6</b> Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-4)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	78,310.

**Part II Expenses.** Enter expenses for business use of your home only on line 30

<b>8</b> Advertising	<b>8</b>	249.	<b>19</b> American S. profit-sharing plans	<b>19</b>	
<b>9</b> Bad debts from sales or services (see page C-3)	<b>9</b>		<b>20</b> Rent or lease (see page C-4)		
<b>10</b> Car and truck expenses (see page C-2)	<b>10</b>	1,943.	<b>a</b> Vehicles, machinery, & tools	<b>20a</b>	2,681.
<b>11</b> Commissions and fees	<b>11</b>	6,595.	<b>b</b> Other business property	<b>20b</b>	5,200.
<b>12</b> Depreciation	<b>12</b>		<b>21</b> Repairs and maintenance	<b>21</b>	3,091.
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	<b>13</b>	5,164.	<b>22</b> Supplies (not included in Part III)	<b>22</b>	6,798.
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>23</b> Taxes and licenses	<b>23</b>	1,493.
<b>15</b> Insurance (other than health)	<b>15</b>	951.	<b>24</b> Travel, meals, & entertainment		
<b>16</b> Interest			<b>a</b> Travel	<b>24a</b>	647.
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>	4,375.	<b>b</b> Meals and entertainment		2,698.
<b>b</b> Other	<b>16b</b>		<b>c</b> Limit 50% of line 24b subject to limitations (see pg. C-4)		1,349.
<b>17</b> Legal and professional services	<b>17</b>	2,200.	<b>d</b> Subtract line 24c from line 24b	<b>24d</b>	1,349.
<b>18</b> Office expense	<b>18</b>	1,845.	<b>25</b> Utilities	<b>25</b>	9,532.
<b>28</b> <b>Total expenses before expenses for business use of home.</b> Add lines 8 through 27 in columns	<b>28</b>		<b>26</b> Wages (less employment credits)	<b>26</b>	
<b>29</b> <b>Tentative profit (loss).</b> Subtract line 28 from line 7	<b>29</b>		<b>27</b> Other expenses (from line 46 on page 2)	<b>27</b>	9,968.
<b>30</b> Expenses for business use of your home. Attach Form 8829	<b>30</b>		<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29	<b>31</b>	13,627.

**32** If you have a loss, check the box that describes your investment in this activity (see page C-5):  
 All investment is at risk  
 Some investment is not at risk

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1995

**Total**

78  
48  
561.29\*  
**\$8,278.88**  
100.00%

**\$78,174.08**  
1,423.38  
1,669.58\*  
**\$78,287.01**

**ARY**

lson  
um 2

**Total**

**\$19,882.07**  
711.69  
570.94  
**\$18,144.70**  
1324 9950

**\$78,174.08**  
1,423.38  
1,669.58\*  
**\$78,287.01**

DE CAPITAL GAINS AND DIVIDENDS  
INVESTMENT ACCOUNT ARE EFFECTED THROUGH PRUDENTIAL RETIRE  
A REGISTERED BROKER-DEALER  
THIS INVESTMENT ACCOUNT ARE NOT EFFECTED THROUGH PRUDENTIAL

**HAVE ANY QUESTIONS PLEASE CALL 1-800-592-5929**

007635 DIVISION 0001  
CURITY NO: 576-54-2569

PRUDENTIAL INVESTMENT ACCOUNTS ARE NOT GUARANTEED AND ARE SUBJECT TO INVESTMENT RISK. PRUDENTIAL INVESTMENT ACCOUNTS ARE NOT INSURED BY THE FDIC OR ANY OTHER FEDERAL AGENCY. PRUDENTIAL INVESTMENT ACCOUNTS ARE NOT GUARANTEED BY ANY OTHER AGENCY.

# INVESTMENT SUMMARY (CONT)

10/01/1988 TO 12/31/1988

SERVICES, INC. (PRSI), A REGISTERED BROKER-DEALER

## INVESTMENT SUMMARY BY CONTRIBUTION TYPE

10/01/1988 TO 12/31/1988

### EMPLOYEE

	Guaranteed Interest Account (R)	Pru Active Balanced Fund 2 (P.B)	Pru Jannison Growth Fund 2 (P.B)	Total
10/01/1988 Balance	\$27,734.03	\$3,618.58	\$8,088.78	\$39,441.39
Contributions	237.24	237.21	474.45	948.90
Investment Results	389.33	191.12*	333.72	914.17*
12/31/1988 Balance	\$28,360.60	\$4,046.91	\$8,904.93	\$41,312.44
Ending Shares/Units		322.9774	779.0837	

### AFTER TAX

	Guaranteed Interest Account (R)	Total
10/01/1988 Balance	\$115.88	\$115.88
Investment Results	1.60	1.60
12/31/1988 Balance	\$117.48	\$117.48
Ending Shares/Units		

### SAFT FLOOR

	Guaranteed Interest Account (R)	Pru Active Balanced Fund 2 (P.B)	Pru Jannison Growth Fund 2 (P.B)	Total
10/01/1988 Balance	\$5,888.03	\$788.71	\$1,712.18	\$8,388.92
Investment Results	82.34	40.01*	70.17	192.52*
12/31/1988 Balance	\$5,970.37	\$828.72	\$1,782.35	\$8,581.44
Ending Shares/Units		64.3832	155.9359	

### SAFT MATCH

	Guaranteed Interest Account (R)	Pru Active Balanced Fund 2 (P.B)	Pru Jannison Growth Fund 2 (P.B)	Total
10/01/1988 Balance	\$21,378.48	\$1,810.18	\$4,083.13	\$27,271.79
Contributions	118.62	118.62	237.24	474.48
Investment Results	298.64	95.60*	167.05	561.29*

**IF YOU HAVE ANY QUESTIONS PLEASE CALL 1-800-562-8838**

BIRTH DATE 08/13/1949  
SOCIAL SECURITY NO. 576-54-2569

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0047

**1995**

Department of Treasury  
Internal Revenue Service

Partnerships, joint ventures, etc., must file Form 1065.

Attach to Form 1040 or Form 1041

See Instructions for Schedule C (Form 1040)

Attachment  
Sequence No. 09

Name of proprietor **JOHN H.**

**FONDREN**

Social security number (SSN)

**A** Principal business or profession, including product or service (see page C-1)  
**RENTAL EQUIPMENT**

**B** Enter principal bus. code  
**7773**

**C** Business name, if no separate business name, leave blank

**D** Employer ID no. (EIN), if any

**EARL MAYO RENTS**

**E** Business address

1919 N. ASHLEY STREET

GA 31102

**F** Accounting method

(1)  Cash (2)  Accrual (3)  Other (specify)

**G** Method(s) used to value closing inventory (1)  Cost (2)  Lower of cost or market (3)  Other (attach explanation) (4)  Does not apply (if checked, skip line H)

Yes	No
	X
X	

**H** Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "yes," attach explanation

**I** Did you "materially participate" in the operation of the business during 1995? If "No," see page C-2 for limit on losses

**J** If you started or acquired this business during 1995, check here

**Part I Income**

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "statutory employee" box on that form was checked, see page C-2 and check here	1	78,310.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	78,310.
4 Cost of goods sold (from line 49 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	78,310.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-4)	6	
7 Gross income. Add lines 5 and 6	7	78,310.

**Part II Expenses.** Take expenses for business use of your home only on line 30

8 Advertising	8	749.	19 Personal & nondeductible items	19	
9 Real estate taxes on business property (see page C-3)	9		20 Rent or lease (see page C-4)	20	
10 Car and truck expenses (see page C-3)	10	1,943.	a Vehicles, machinery, & equip.	20a	2,681.
11 Insurance and bonds	11	6,695.	b Other business property	20b	5,200.
12 Depreciation	12		21 Repairs and maintenance	21	3,093.
13 Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13	5,164.	22 Supplies (not included in Part II)	22	6,798.
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	1,493.
15 Insurance (other than health)	15	951.	24 Travel, meals, & entertainment	24	
16 Interest	16		a Travel	24a	647.
a Mortgage (paid to bank, etc.)	16a	4,375.	b Meals and entertainment		2,698.
b Other	16b		c Enter 50% of line 24b subject to limitations (see pg. C-4)		1,349.
17 Legal and professional services	17	2,200.	d Subtract line 24d from line 24b	24d	1,149.
18 Office expenses	18	1,845.	25 Utilities	25	9,522.
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in column	28	64,683.	26 Wages (less employment credits)	26	
29 Tentative profit (loss). Subtract line 28 from line 7	29	13,627.	27 Other expenses (from line 46 on page 2)	27	9,968.
30 Expenses for business use of your home. Attach Form 8829	30		31 Net profit or (loss). Subtract line 30 from line 29	31	13,627.

**31** If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employee, see page C-5). Estates and trusts, enter on Form 1041, line 3.

If a loss, you MUST go on to line 32.

**32** If you have a loss, check the box that describes your investment in this activity (see page C-5).

If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employee, see page C-5). Estates and trusts, enter on Form 1041, line 3.

If you checked 32b, you MUST attach Form 6199.

32a  All investment is at risk  
32b  Some investment is not at risk

For a newwork Repeal Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1995

**Part III Cost of Goods Sold** (see page C-5)

33 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	33	
34 Purchase less cost of items withdrawn for personal use	34	
35 Cost of labor. Do not include salary paid to yourself	35	
36 Materials and supplies	36	
37 Other costs	37	
38 Add lines 33 through 37	38	
39 Inventory at end of year	39	
40 <b>Cost of goods sold.</b> Subtract line 39 from line 38. Enter the result here and on page 1, line 4	40	

**Part IV Information on Your Vehicle.** Complete this part **ONLY** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 10 on page C-5 to find out if you need this.

41 When did you place your vehicle in service for business purposes? (month, day, year) #		
42 Of the total number of miles you drove your vehicle during 1995, enter the number of miles you used your vehicle for:		
a. Business	b. Commuting	c. Other
43 Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
44 Was your vehicle available for use during off-duty hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
45 Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

BANK CHARGES	621.
CONTRACT LABOR	6,800.
FUE, GAS & OIL	825.
DUES & SUBSCRIPTIONS	260.
SALES TAX	1,462.
46 <b>Total other expenses.</b> Enter here and on page 1, line 27	<b>9,968.</b>

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0047

**1995**

Department of Treasury  
Internal Revenue Service (995)

Partnerships, joint ventures, etc., must file Form 1065.

▶ Attach to Form 1040 or Form 1041

▶ See instructions for Schedule C (Form 1040).

Attachment  
Sequence No. 09

Name of proprietor: **KATHRYN FONDREN**

Social security number (SSN)

**A** Principal business or profession, including product or service (see page C-1)  
**PROPERTY MANAGEMENT**

**B** Enter principal busin. code ▶  
**7245**

**C** Business name, if no separate business name, leave blank  
**COMPREHENSIVE PROPERTY MANAGEN**

**D** Employer ID no. (EIN), if any

**E** Business address  
City, State, ZIP **SAME**

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

**G** Method used to value closing inventory: (1)  Cost (2)  Lower of cost or market (3)  Other (attach explanation) (4)  It does not apply if tracked (see line H)

Yes	No
	X
X	

**H** Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.

**I** Did you "materially participate" in the operation of the business during 1995? If "Yes," see page C-2 for limit on losses.

**J** If you started or acquired this business during 1995, check here: ▶

**Part I Income**

1 Gross receipts or sales. <b>Caution:</b> If this income was reported at year end on Form W-2 and the "statutory employee" box on that form was checked, see page C-2 and check here. ▶ <input type="checkbox"/>	1	4,800.
2 Returns and allowances	2	
3 Subtract line 2 from line 1.	3	4,800.
4 Cost of goods sold (from line 40 on page 2)	4	
5 <b>Gross profit.</b> Subtract line 4 from line 3.	5	4,800.
6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2)	6	
7 <b>Gross income.</b> Add lines 5 and 6. ▶	7	4,800.

**Part II Expenses.** Enter expenses for business use of your home only on line 29.

8 Advertising	8		19 Pension & profit-sharing plans	19
9 Bad debts from sale of services (see page C-3)	9		20 Rent or lease (see page C-4)	
10 Car and truck expenses (see page C-3)	10	488.	a Vehicles, machinery, & equip.	20a
11 Commissions and fees	11		b Other business property	20b
12 Depreciation	12		21 Repairs and maintenance	21
13 Depreciation and section 179 expense deduction (not included in Part II) (see page C-3)	13		22 Supplies (not included in Part II)	22
14 Employee benefit programs (other than on line 10)	14		23 Taxes and licenses	23
15 Insurance (other than health)	15		24 Travel, meals, & entertainment	
16 Interest			a Travel	24a
a Mortgage (paid to banks, etc.)	16a		b Meals and entertainment	
b Other	16b		c Enter 50% of line 24b subject to limitations (see page C-4)	
17 Legal and professional services	17		d Subtract line 24c from line 24b	24d
18 Office expense	18		25 Utilities	25
19 Total expenses (exclude expenses for business use of home). Add lines 8 through 17 in columns. ▶	19	488.	26 Wages (see employment credits)	26
20 Taxes - profit (loss). Subtract line 19 from line 7.	20	4,312.	27 Other expenses (from line 48 on page 2)	27
21 Expenses for business use of your home. Attach Form 8829	21		28	
22 <b>Net profit or (loss).</b> Subtract line 21 from line 20.	22		29	

▶ If a profit, enter on Form 1040, line 12, and ALSO on Schedule SE, line 7 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.

▶ If a loss, you MUST go on to line 32.

**32** If you have a loss, check the box that describes your investment in this activity (see page C-5):

- ▶ If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.
- ▶ If you checked 32b, you MUST attach Form 6199.

32a  All investment is at risk.  
32b  Some investment is not at risk.

For Partnership Reduction Act Notice, see Form 1040 Instructions.

Schedule C (Form 1040) 1995



Name (as shown on return) last, first, middle, and social security number. If shown on other form:

Use correct number only

JOHN H.

FONDREN

**Note:** If you report income from farming or fishing on Schedule E, you must enter your gross income from these activities on line 41 below. Real estate professionals must complete line 42 below.

**Part II Income or Loss From Partnerships & S Corporations** **Note:** If you report a loss from an at-risk activity, you MUST check either col. (e) or (f) of line 27 to describe your investment in activity. See pg. E-4. If you check col. (f), you must file Form 6199.

27	(a) Name	(b) Enter "P" for partnership or "S" for S corp.	(c) Check if foreign partnership	(d) Employer identification number	(e) If checked, (f) is not applicable	(f) If checked, (e) is not applicable
A	ONE LIMITED, LLC	P		58-3149107	X	
B						
C						
D						
E						

Passive Income and Loss		Nonpassive Income and Loss		
(a) Passive loss allowed (attach Form 6582 if required)	(b) Passive income from Schedule K-1	(c) Nonpassive loss from Schedule K-1	(d) Section 179 amortization deduction from Form 4562	(e) Taxable income from Schedule K-1
A	0.	0.	1,458.	0.
B				
C				
D				
E				
<b>b</b> Total			1,458.	

29	Add columns (b) and (c) of line 28a	29	
30	Add columns (d), (e), and (f) of line 28b	30	1,458.
31	Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below	31	-1,458.

**Part III Income or Loss From Estates and Trusts**

32	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive loss allowed (attach Form 6582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
<b>d</b> Total			
<b>f</b> Total			

34	Add columns (d) and (f) of line 33a	34	
35	Add columns (c) and (e) of line 33b	35	
36	Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below	36	

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) — Residual Holder**

37*	(a) Name	(b) Employer identification number	(c) Excess inclusions from Schedules Q, line 2c (see page E-4)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 2b
38	Combine columns (c) and (d) only. Enter the result here and include in the total on line 40 below				38

**Part V Summary**

39	Net investment income or (loss) from Form 4855. Also, complete line 41 below	39	
40	TOTAL income or (loss). Combine lines 26, 31, 36, 38* & 39. Enter the result here & on Form 1040, line 17	40	-1,458.
41	Reconciliation of Farming and Fishing Income. Enter your gross farming and fishing income reported on Form 4835, line 7, Schedule K-1 (Form 1040), line 15b, Schedule K-1 (Form 1120S), line 23, and Schedule S-1 (Form 1041), line 12 (see page E-4)	41	
42	Reconciliation for Real Estate Professionals. If you were a real estate professional (see page E-3), enter the net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under the passive activity loss rules	42	





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## **Hart Communications**

### **Ocala Office**



The volume of business associated with the Alternative Local Exchanges, and the need for close support of the customer base, requires that Hart Communications create a system of regional offices to handle individual customers and Agents within an a specific geographic area

- 1) Upon finalzing all procedures associated with the opening of the Tallahassee office, Don Munro will be retained as General Manager and responsible for setting up each regional office
  
  - 2) Agents will be the key to reaching clientele in this diverse region. Again Hart Truck Rental will simultaneously expand into the area for diversification and stability of income
-

# HART TRUCK RENTAL AND LEASING

## HART COMMUNICATIONS (TALLAHASSEE)

1997

	MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6
HART COMM SALES	\$2,370.00	\$7,845.00	\$14,055.00	\$16,260.00	\$16,260.00	\$16,260.00
NEW COMM PAYMENTS	30	90	150	150	150	150
	0	15	45	90	90	90
HART TRUCK RENTAL NUMBER OF UNITS	2	2	2	4	4	5
TOTAL INCOME TALLA	\$3,170.00	\$9,045.00	\$15,655.00	\$18,460.00	\$19,460.00	\$20,560.00
OPERATING EXPENSES:	\$4,936.64	\$7,961.69	\$13,804.49	\$15,271.55	\$15,202.44	\$17,029.64
SERVICE ON DEBT (INTEREST)	\$0.00	\$1,031.00	\$1,631.00	\$2,100.00	\$2,100.00	\$2,587.00
MISCELLANEOUS	\$350.00	\$200.00	\$300.00	\$500.00	\$500.00	\$1,268.75
ADVERTISING	\$1,500.00	\$1,500.00	\$1,200.00	\$1,000.00	\$750.00	\$750.00
SALARY	\$1,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$3,500.00
COMP CHARGE	\$0.00	\$0.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
RENT/OFFICE SUPPLI	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
INSURANCE	\$0.00	\$345.00	\$698.55	\$698.55	\$698.55	\$750.00
MAINTENANCE	\$142.20	\$250.00	\$243.00	\$443.00	\$500.00	\$507.00
DEPRECIATION	\$694.44	\$694.44	\$694.44	\$1,300.00	\$1,423.89	\$1,423.89
NET	(\$1,766.64)	\$1,083.31	\$1,850.51	\$3,188.45	\$4,257.56	\$3,530.36
TAXES	\$0.00	\$0.00	\$740.20	\$1,275.38	\$1,703.02	\$1,412.14
NET INCOME	(\$1,766.64)	\$1,083.31	\$1,110.30	\$1,913.07	\$2,554.54	\$2,118.22

**HART TRUCK RENTAL AND LEASING**

HART COMMUNICATIONS (PENSACOLA)

1997

MONTH 1      MONTH 2      MONTH 3      MONTH 4      MONTH 5      MONTH 6

<b>HART COMM SALES</b>	\$2,370.00	\$7,845.00	\$14,055.00	\$16,260.00	\$16,260.00	\$16,260.00
<b>NEW CONN</b>	30	90	150	150	150	150
<b>PAYMENTS</b>	0	15	45	90	90	90
<b>HART TRUCK RENTAL</b>	\$800.00	\$1,200.00	\$1,600.00	\$2,200.00	\$3,200.00	\$4,300.00
<b>NUMBER OF UNITS</b>	2	2	2	4	4	5
<b>TOTAL INCOME TALLA</b>	\$3,170.00	\$9,045.00	\$15,655.00	\$18,460.00	\$19,460.00	\$20,560.00
<b>OPERATING EXPENSES:</b>	\$4,936.64	\$7,961.69	\$13,804.49	\$15,271.55	\$15,202.44	\$17,029.64
<b>SERVICE ON DEBT</b>	\$0.00	\$1,031.00	\$1,631.00	\$2,100.00	\$2,100.00	\$2,587.00
<b>(INTEREST)</b>	\$0.00	\$691.25	\$787.50	\$980.00	\$980.00	\$1,268.75
<b>MISCELLANEOUS</b>	\$350.00	\$200.00	\$300.00	\$500.00	\$500.00	\$500.00
<b>ADVERTISING</b>	\$1,500.00	\$1,500.00	\$1,200.00	\$1,000.00	\$750.00	\$750.00
<b>SALARY</b>	\$1,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$3,500.00
<b>CORP CHARGE</b>	\$0.00	\$0.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
<b>RENT/OFFICE SUPPLI</b>	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
<b>INSURANCE</b>	\$0.00	\$345.00	\$688.55	\$688.55	\$688.55	\$750.00
<b>MAINTENANCE</b>	\$142.20	\$250.00	\$243.00	\$443.00	\$500.00	\$500.00
<b>DEPRECIATION</b>	\$694.44	\$694.44	\$694.44	\$1,300.00	\$1,423.89	\$1,423.89
<b>NET</b>	(\$1,766.64)	\$1,083.31	\$1,850.51	\$3,188.45	\$4,257.56	\$3,530.36
<b>TAXES</b>	50.00	50.00	\$740.20	\$1,275.38	\$1,703.02	\$1,412.14
<b>NET INCOME</b>	<b>(\$1,766.64)</b>	<b>\$1,083.31</b>	<b>\$1,110.30</b>	<b>\$1,913.07</b>	<b>\$2,554.54</b>	<b>\$2,118.22</b>

**HART TRUCK RENTAL AND LEASING**

HART COMMUNICATIONS (OCALA)

1997

	MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6
<b>HART COMM SALES</b>	\$2,370.00	\$7,845.00	\$14,055.00	\$16,260.00	\$16,260.00	\$16,260.00
<b>NEW CONN</b>	30	90	150	150	150	150
<b>PAYMENTS</b>	0	15	45	90	90	90
<b>HART TRUCK RENTAL</b>	\$800.00	\$1,200.00	\$1,600.00	\$2,200.00	\$3,200.00	\$4,300.00
<b>NUMBER OF UNITS</b>	2	2	2	4	4	5
<b>TOTAL INCOME TALLA</b>	\$3,170.00	\$9,045.00	\$15,655.00	\$18,460.00	\$19,460.00	\$20,560.00
<b>OPERATING EXPENSES:</b>	\$4,936.64	\$7,961.69	\$13,804.49	\$15,271.55	\$15,202.44	\$17,029.64
<b>SERVICE ON DEBT</b>	\$0.00	\$1,031.00	\$1,631.00	\$2,100.00	\$2,100.00	\$2,587.00
<b>(INTEREST)</b>	\$0.00	\$691.25	\$787.50	\$980.00	\$980.00	\$1,268.75
<b>MISCELLANEOUS</b>	\$350.00	\$200.00	\$300.00	\$500.00	\$500.00	\$500.00
<b>ADVERTISING</b>	\$1,500.00	\$1,500.00	\$1,200.00	\$1,000.00	\$750.00	\$750.00
<b>SALARY</b>	\$1,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	\$3,500.00
<b>CORP CHARGE</b>	\$0.00	\$0.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
<b>RENT/OFFICE SUPPLI</b>	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00	\$750.00
<b>INSURANCE</b>	\$0.00	\$345.00	\$698.55	\$698.55	\$698.55	\$750.00
<b>MAINTENANCE</b>	\$142.20	\$250.00	\$243.00	\$443.00	\$500.00	\$500.00
<b>DEPRECIATION</b>	\$694.44	\$694.44	\$694.44	\$1,300.00	\$1,423.89	\$1,423.89
<b>NI8T</b>	(\$1,766.64)	\$1,083.31	\$1,850.51	\$3,188.45	\$4,257.56	\$3,530.36
<b>TAXES</b>	50.00	50.00	\$740.20	\$1,275.38	\$1,703.02	\$1,412.14
<b>NET INCOME</b>	<b>(\$1,766.64)</b>	<b>\$1,083.31</b>	<b>\$1,110.30</b>	<b>\$1,913.07</b>	<b>\$2,554.54</b>	<b>\$2,118.22</b>

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## **Hart Communications**

### **Pensacola Office**

#### **Requirements:**

The addition of the Pensacola office offers an opportunity to explore areas in Alabama and Mississippi to offer the same quality of service given throughout the state of Florida. Hart Truck Rental again will expand with the telecommunications arm of the company and begin to offer One Way Rentals on a Regional basis.

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**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

**March 10, 1997**

**JOHN FONDREN**

Qualification documents for **HTR & L ENTERPRISES, INC.** were filed on March 10, 1997 and assigned document number **F97000001201**. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply **NOW** with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (904) 487-6091, the Foreign Qualification/Tax Lien Section.

**Freta Lott**  
Corporate Specialist Supervisor  
Division of Corporations

**Letter Number: 297A00011995**



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
*Secretary of State*

March 10, 1997

**HART COMMUNICATIONS**  
**1919 N. ASHLEY ST.**  
**VALDOSTA, GA 31602**

Subject: **HART COMMUNICATIONS**

**REGISTRATION NUMBER: G97069900007**

This will acknowledge the filing of the above fictitious name registration which was registered on March 10, 1997. 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) 488-9000.

Tax Liens  
Division of Corporations

Letter No. 497A00011996

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. HTR & L Enterprises Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Georgia 3. Applied For  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 1996 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 1919 North Ashley  
Valdosta, GA 31602  
(Current mailing address)
8. To engage in any and all lawful acts or activity permitted by law.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent:**  
Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip Code)
10. **Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*
- Carole P. [Signature]  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.



12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: John H. Fendren, Jr.

Address: #26 Loganberry Circle

Valdosta, Georgia 31602

Vice President: Don G. Munro

Address: 5272 Golf Drive

Lake Park, Georgia 31636

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

**Secretary of State**  
**Corporations Division**  
**Suite 315, West Tower**  
**2 Martin Luther King Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 970641141  
CONTROL NUMBER : 9631617  
DATE INC/AUTH FILED : 09/23/1996  
JURISDICTION : GEORGIA  
PRINT DATE : 03/05/1997  
FORM NUMBER : 211

CT CORPORATION SYSTEM  
RACQUEL GODDARD  
1201 PEACHTREE STREET, NE  
ATLANTA, GA 30361

**CERTIFICATE OF EXISTENCE**

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**HTR & L ENTERPRISES, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



*Lewis A. Massey*

Lewis A. Massey  
Secretary of State

# REGISTRATION OF FICTITIOUS NAME

Section 1

1. HART COMMUNICATIONS  
Fictitious Name to be Registered

2. 1919 N. ASHLEY ST.  
Mailing Address of Business

VALLESTA, GA. 31607  
City State Zip Code

3. Florida County of principal place of business:  
MULTIPLE

4. FEI Number: \_\_\_\_\_

STATION 15-25-830

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64706970007  
This space for office use only

Section 2

**A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary):**

1. Last First MI	2. Last First MI
Address	Address
City State Zip Code	City State Zip Code
SS#	SS#

**B. Owner(s) of Fictitious Name if other than an individual: (Use attachment if necessary):**

1. Entity Name	Entity Name
<u>HART 2 COMMUNICATIONS INC</u>	
Address	Address
<u>1919 N. ASHLEY ST.</u>	
City State Zip Code	City State Zip Code
<u>VALLESTA, GA 31607</u>	
Florida Registration Number	Florida Registration Number
FEI Number	FEI Number
<input checked="" type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable

I (we) the undersigned, being the sole (all the parties) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Scott Fendren Jr 11 MAR 1977  
Signature of Owner Date

Phone Number: (712) 242-7237

Section 3

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned registration number \_\_\_\_\_

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10  Certified Copy — \$30

**FILING FEE: \$50**

Note: Acknowledgements/certificates will be sent to the address in Section 1 only CR4E-001 (5/96)