

## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

## 1. LEGAL NAME OF THE APPLICANT

HORIZON PAYPHONES INC

20457-70

## 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

HORIZON PAYPHONES INC.

## 3. ADDRESS OF THE APPLICANT(S)

STREET

657 ALBRITTON AVE

CITY

SARASOTA

STATE &amp; ZIP

FLORIDA 34232

## 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 HORIZON PAYPHONES INCADDRESS 657 ALBRITTON AVESARASOTA FL 34232D. 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: JOHN A ROBERTS III

TITLE: PRESIDENT

PHONE: 941-377-4162

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

CALIFORNIA

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

NONE

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

NONE

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

NONE

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: TWENTY.

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

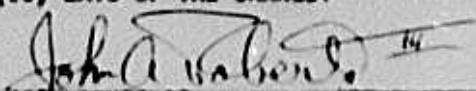
12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

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

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)

DATE: 4-9-97

**APPLICANT ACKNOWLEDGMENT CARD**

Applicant HORIZON PAYPHONES 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 John A. Walbert

Title PRESIDENT

Date 4-9-97

**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 from the records of this office that HORIZON PAYPHONES INC. is a corporation organized under the laws of the State of Florida, filed on April 3, 1997.

The document number of this corporation is P97000030859.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1997, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Fourth day of April, 1997



CR2EO22 (2-95)

A handwritten signature in cursive script, reading "Sandra H. Mortman".

Sandra H. Mortman  
Secretary of State

**FLORIDA PUBLIC SERVICE COMMISSION**

**Application Form**

**For**

**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 Acknowledgment 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)413-6556 or write:

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

*Blak-Moses*  
*413-6582*

DEPOSIT

DATE

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APR 1 1997

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NAME HORIZON PAYPHONES INC

ADDRESS 657 ALBRITTON AVE.

JOHN A. ROBERTS III

1625

657 ALBRITTON AVE  
SARASOTA, FL 34232

4-9-97

PAY TO THE ORDER OF

Florida Public Service Commission \$100.00

One hundred & 00/100

INITIALS

DEPT. OF REVENUE  
CREDIT LIAISON  
6000 West 21 Court  
Tallahassee, Florida 32316

FLORIDA P.S.C. HORIZON PAYPHONES INC.

*John A. Roberts III*

is registered with