

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT

DATE

1. LEGAL NAME OF THE APPLICANT

Mr. James G. Donker and Tammy R. Donker

D577th

JUL 29 1997

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Don-Tel

970969 - R

3. ADDRESS OF THE APPLICANT(S)

STREET

11078 Fairbanks Grl Rd W

CITY

Jacksonville

STATE & ZIP

Florida 32223

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: Bill Tammy R. Donker
TITLE: Owner
PHONE: 904-886-4692

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.

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 INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

NO

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

✓
✓
✓
✓
✓

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

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

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

✓
✓
✓

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

yes

14. 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: 7/24/96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant J.G. DONKER

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

Signature J.M. Hall

Title OWNER

Date 07-24-97

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.

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

1. DON-TEL
Fictitious Name to be Registered
2. 11078 Fairbanks Grant Rd W
Mailing Address of Business
Jacksonville Florida 32223
City State Zip Code
3. Florida County of principal place of business: Duval
4. FEI Number: _____

This space for office use only

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

- | | |
|--|--|
| 1. <u>Donker James G</u>
Last First M.I.
<u>11078 Fairbanks Grant Rd W</u>
Address
<u>Jacksonville FL 32223</u>
City State Zip Code
SS# <u>265-81-4671</u> | 2. <u>Donker Tammy R</u>
Last First M.I.
<u>11078 Fairbanks Grant Rd W</u>
Address
<u>Jacksonville FL 32223</u>
City State Zip Code
SS# <u>589-12-4685</u> |
|--|--|

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

- | | |
|---|---|
| 1. _____
Entity Name

Address

City State Zip Code
Florida Registration Number _____
FEI Number: _____
<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable | 2. _____
Entity Name

Address

City State Zip Code
Florida Registration Number _____
FEI Number: _____
<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable |
|---|---|

I (we) the undersigned, being the sole (all the) party(ies) 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.)

James G Donker 7-11-97
Signature of Owner Date
Phone Number: 904-886-4672

Tammy R Donker 7/11/97
Signature of Owner Date
Phone Number: 904-886-4685

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
FILING FEE: \$50

Certificate of Status — \$10 Certified Copy — \$30

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of DON-TEL, registered with the Department of State on July 15, 1997, as shown by the records of this office.

The Registration Number of this Fictitious Name is G97196000187.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capitol, this the
Sixteenth day of July, 1997



CR2EO22 (2/95)

A handwritten signature in cursive script, reading 'Sandra B. Northam'.

Sandra B. Northam
Secretary of State

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NAME _____

ADDRESS _____

97 JUL 29 1997

NAME BUSINESS UNDER A FICTITIOUS NAME.



then registered with

James G. Or Tammy R. Donker 3451

July 24 1997

Florida Public Service Commission \$ 100.00

One hundred dollars & 00/100

JAX FEDERAL Credit Union
 P.O. Box 2307
 Jacksonville, FL 32232-0007

Tammy R. Donker