

DEPOSIT

DATE ATTACHMENT B

D 6 4 3

OCT 27 1997

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

57 OCT 27 PM 3:03  
MAIL ROOM

1. LEGAL NAME OF THE APPLICANT JOHN MILTON KINNECOM

971422-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS \_\_\_\_\_

JOHN'S PAYPHONE SERVICE

3. ADDRESS OF THE APPLICANT(S)

STREET 2100 SARASOTA MHP #1229

CITY SARASOTA

STATE & ZIP CODE FL 34237-7035

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 \_\_\_\_\_

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

ADDRESS \_\_\_\_\_

\_\_\_\_\_

D. DOING BUSINESS UNDER A FICTITIOUS NAME: (✓)

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

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

NAME: JOHN M. KINNE COM

TITLE: OWNER

PHONE: (941) 362-3871

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.

No

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE. NONE

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

FLORIDA - THIS APPLICATION ONLY

- 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 INCOMPETENT, 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



# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE

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

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

I PERSONALLY HAVE 2 YEARS OF EXPERIENCE AND AM STILL EMPLOYED BY ELCOTEL, AND HAVE AN ELECTRONICS DEGREE FROM MANATEE COMMUNITY COLLEGE IN BRADENTON. I WILL BE USING SMART PHONES, AND A COMPUTERIZED PAYPHONE MANAGEMENT SYSTEM.

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 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 - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)

YES.

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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.

John M. Kinnecom

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: Oct 16, 1997

**APPLICANT ACKNOWLEDGMENT CARD**

Applicant JOHN M. KINNECOM  
dBa. JOHN'S PAYPHONE SERVICE

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

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Signature: John M. Kinnecom

Title: Owner

Date: 10/16/97

**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.**





FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

October 10, 1997

JOHN'S PAYPHONE SERVICE  
2100 SARASOTA MHP #1229  
SARASOTA, FL 34237

Subject: **JOHN'S PAYPHONE SERVICE**

REGISTRATION NUMBER: **G97282000183**

This will acknowledge the filing of the above fictitious name registration which was registered on October 9, 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.

Enclosed is your certificate(s) as requested.

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. 197A00049914



# State of Florida



## Department of State

I certify from the records of this office that JOHN'S PAYPHONE SERVICE is a Fictitious Name registered with the Department of State on October 9, 1997.

The Registration Number of this Fictitious Name is G97282000183.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

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



CR2EO22 (2-95)

Handwritten signature of Sandra B. Northam in cursive.

Sandra B. Northam  
Secretary of State

DEPOSIT

DATE ATTACHMENT B

D 6 4 3 ■ OCT 27 1997

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JOHN M. KINNECOM

113

DATE Oct 21, 1997

PAY TO THE ORDER OF Florida Public Service Commission \$ 100<sup>00</sup>/<sub>100</sub>

One Hundred and 00/100ths DOLLARS

Florida Central Credit Union  
BRADENTON, FLORIDA 34207

APPLICATION FEE FOR  
MEMBER JOHN'S PAYPHONE SERVICE

John M Kinnecom