

1. Name of company or name of individual (not fictitious name or d/b/a):
East & Main Grocery and Coin Laundry Inc.

2. Name under which applicant will do business (fictitious name, etc.):
East & Main Grocery and Coin Laundry Inc.

3. Official mailing address:
Street: _____
P.O. Box: 601
City: Fruitland PK
State: Florida Zip: 34731

4. Florida address:
Street: _____
P.O. Box: 601
City: Fruitland PK FL
State: Florida Zip: 34731

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: P97000046803

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name
Registration Number: N/A

8. F.E.I. Number (if applicable): 59-3451695 (This number is for East & Main Grocery & Coin Laundry Inc.)

9. If individual, provide:

Name: _____
Title: _____
Address: _____
City/State/Zip: N/A
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: _____
Title: _____
Address: _____
City/State/Zip: N/A
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

10. Partnership (continued)

b. Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: Mohamid Rafeek
Title: President
Address: 2108 Lewis Rd.
City/State/Zip: Leeburg FL 34748
Telephone No.: (352) 326-8353 Fax No.: (352) 326-8759
Internet E-Mail Address: _____
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Mohamid Rafeek
Title: President
Address: 2108 Lewis Rd.
City/State/Zip: Leeburg FL 34748
Telephone No.: (352) 326-8353 Fax No.: (352) 326-8759
Internet E-Mail Address: _____
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously 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, provide explanation: NO

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

~~WA~~

b. Has applications pending to be certified as a pay telephone provider.

~~WA~~

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, rules, or orders. Explain circumstances.

~~no~~

16. Please check (✓) the services that will be provided:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: one

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
 - FULL-TIME TECHNICIAN
 - PART-TIME TECHNICIAN
 - SERVICE/REPAIR/MAINTENANCE CONTRACT
 - OTHER (Describe) Repair Service
-
-
-

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
 - No Explain: _____
-
-
-

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
 - No Explain: _____
-
-
-

****APPLICANT FEE/TAX STATEMENT****

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
- 2. GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.
- 3. SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
- 4. APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

Monamid Rafeek
Print Name


Signature

President
Title

5/5/99
Date

(352) 326-8353
Telephone No.

(352) 326-8759
Fax No.

Address: 2108 Lewis Rd.

Leesburg Fl. 34748

mailing address: P.O. Box 601

Fruitland PK Fl. 34731

****ACKNOWLEDGMENT****

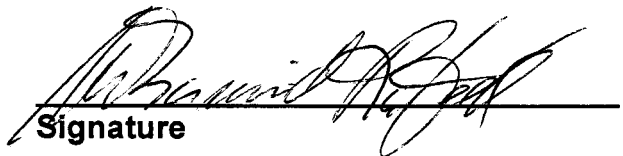
By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

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."

UTILITY OFFICIAL:

Mohamid Refeek
Print Name


Signature

President
Title

5/5/99
Date

(352) 326-8353
Telephone No.

(352) 326-8759
Fax No.

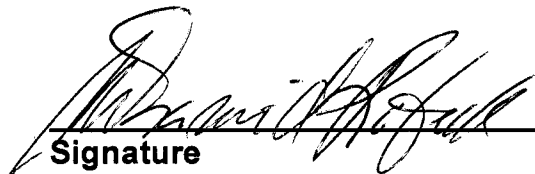
Address: 2108 Lewis Rd
Keesburg Fl. 34748
mailing address: P.O. Box 601
Fruitland PK Fl. 34731

****APPLICANT ACKNOWLEDGMENT****

Applicant: East & Main Grocery & Coin Laundry Inc.

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

Mohamid Reflek
Print Name


Signature

President
Title

5/5/99
Date

(352) 326-8353
Telephone No.

(352) 326-8759
Fax No.

Address: ~~21~~ 2108 Lewis Rd.

Leesburg Fl. 34748

Mailing address: P.O. Box 601

Fruitland PK Fl. 34731

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

Companies Don't Succeed

To whom it may concern:

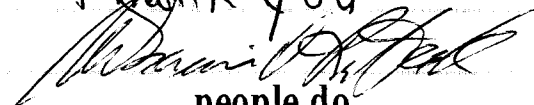
Please note that I just signed this form and did not give you any information. The reason for this is that, I don't have and figure or amount to answer these questions.

The pay phone is located in my place of business, which is a laundry & Grocery store. It was installed on 3/25/99.

I hope this will not delay my application from being processed.

If you need any information please call me at (352) 326-8353 or Fax (352) 326-8759

Thank you



...people do.

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return

PERIOD COVERED:

FOR PSC USE ONLY	
Check#	_____
\$	0603002
	003001
\$	P
	0603002
	004011
\$	I
Postmark Date	_____
Initials of Preparer	_____

Please Complete Below If Official Mailing Address Has Changed

East & Main Grocery & Coin Laundry Inc. 949 E. Main St. Leesburg FL Leesburg FL 34748
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment	_____
7.	Interest for Late Payment	_____
8.	TOTAL AMOUNT DUE	\$ _____

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return One.
Telephone Install on and start operating on 3/25/99

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 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.

Mohamed Refeek
 (Signature of Company Official)
Mohamed Refeek
 (Please Print Name)

President 5/5/99
 (Title) (Date)

Telephone Number (352) 326-8353 Fax Number (352) 326-8759

F.E.I. No. 593451695 (This number is for East & Main Grocery & Coin Laundry Inc)

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Pay Telephone Service Provider)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the prior twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount on Line 3.
3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 6). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 7). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to file a Regulatory Assessment Fee Return, the Commission may order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A company, for good cause shown in a written request, may be granted an extension up to 30 days. A request should be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), two weeks prior to the filing date. If an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission

2540 Shumard Oak Boulevard

Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional information or assistance in preparing your Regulatory Assessment Fee Return, please contact the Division of Auditing and Financial Analysis at (850) 413-6480.

For assistance with Item 9, please contact the Division of Communications at (850) 413-6556.

Both divisions may be contacted at the above-referenced address, directing correspondence to the attention of the division.

1349501

THIS CERTIFICATE IS
NONTRANSFERABLE



10/27/95

State of Florida
DEPARTMENT OF REVENUE
CERTIFICATE OF REGISTRATION

Issued Pursuant to Chapter 212, Florida Statutes

REGISTRATION DATE

10/16/95

OPENING DATE

10/23/95

CERTIFICATE NUMBER

45-14-032884-01

REFER TO THIS NUMBER
WHEN REPORTING TAX

MAILING ADDRESS

EAST & MAIN GROCERY & COIN LAUNDRY
RAFEEK, MOHAMID/RAFEEK, ABDUL
P O BOX 601
FRUITLAND PARK

FL 34731-0000

THIS CERTIFIES THAT

EAST & MAIN GROCERY & COIN LAUNDRY
RAFEEK, MOHAMID/RAFEEK, ABDUL
949 E MAIN ST
LEESBURG

FL 34748-

IS HEREBY AUTHORIZED AND EMPOWERED TO COLLECT
SALES AND USE TAXES FOR THE STATE OF FLORIDA

THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE

To whom it may concern:

This is a copy of my certificate number for Tax.

I already own a business, known as East & Main Grocery and Coin Laundry Inc. FEIN #: 59-3451895. My business start operating on Oct. 25th 1995.

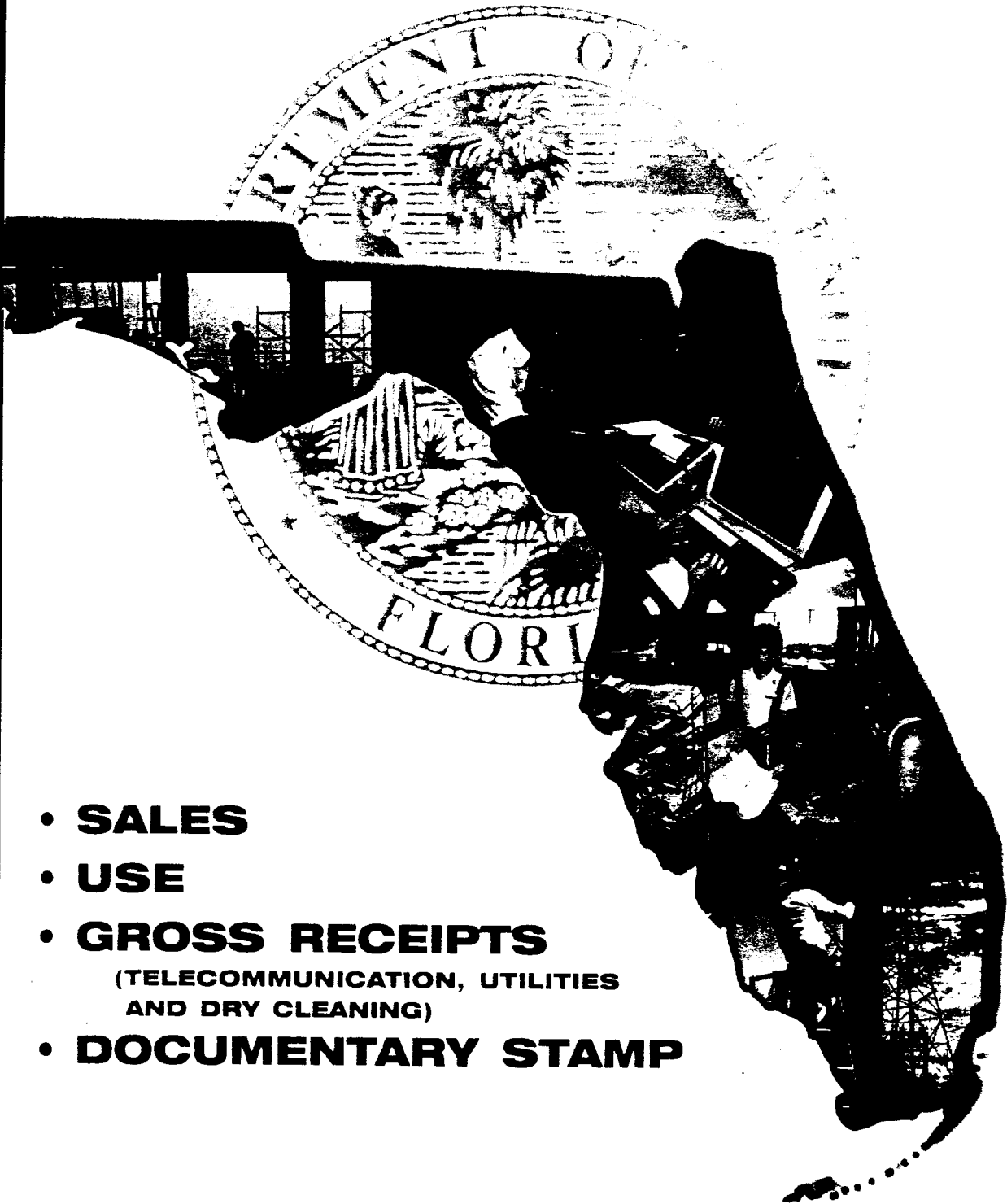
All I am doing is installing a pay Telephone in my laundry mat. I did not complete this application form because when I find out from the local service center in Leesburg, they said that I can use the store certificate number and FEIN number for the pay phone.

Please if this is wrong, then could you send this application back to me and I will fill it out and send it back. Phone # (352) 326-8353. Fax (352) 326-8759

Pay phone installed on 3/99.
" " start operating on 3/99.

Thank you.
Abdul Rafeek

APPLICATION TO COLLECT TAX IN FLORIDA



- **SALES**
- **USE**
- **GROSS RECEIPTS**
(TELECOMMUNICATION, UTILITIES
AND DRY CLEANING)
- **DOCUMENTARY STAMP**



Florida Department of Revenue

APPLICATION TO COLLECT TAX IN FLORIDA Information

DR-1
R. 11/97

Who must apply?

Any person or entity doing business in Florida that is subject to Florida sales tax; use tax; gross receipts tax on telecommunications, utilities or dry cleaning; or documentary stamp tax.

What if I am already doing business and have not applied?

The business owner should immediately visit the nearest Department of Revenue service center to properly register and remit any taxes or penalties due. A business owner who begins taxable business activity prior to applying is subject to a \$100 late registration fee, and may be delinquent and have a tax liability.

What is the registration fee?

The fee for registration is \$5. The fee is not required if your business location is not in Florida. The fee for dry cleaning is \$30. There is no fee required for any other tax.

When do I begin filing sales and use tax returns?

Tax returns must be filed for every collection period, beginning with the date your business opens. A return must be filed even if no tax was collected.

What if I am registering my own real property for living accommodation or commercial rental?

If you are the owner of the property, you must complete and sign this application.

What if I am managing property for others for the purpose of living accommodation or commercial rental?

If you are an agent who is registering multiple properties for management and rental, you may use form *DR-1 C, Application for Collective Registration for Rental of Living or Sleeping Accommodations*. If you are registering any number of properties for commercial rental, you must use this form for each parcel of property.

When do I need to contact the Department of Revenue?

- To file this application
- If you move
- If you close your business
- If you need assistance
- If any information provided on this application changes

How do I contact the Florida Department of Revenue? You may visit, call or write to us at the following locations. Once you receive your account number, include it on any written correspondence. Registration and many other services are available at all locations.

Registration Information

5050 W. Tennessee Street
Tallahassee, FL 32399-0100
850-488-9750

Tax Information Services

1-800-352-3671 (Florida Only)
850-488-6800

Hearing or Speech Impaired Assistance

1-800-367-8331 (TDD line)

Service Center Locations

Clearwater Service Center

Arbor Shoreline Office Park
19337 US Hwy. 19 N, Ste. 200
Clearwater, FL 33764-3149
813-538-7400

Coral Springs Service Center

Florida Sunrise Tower
3111 N. University Dr., Ste. 501
Coral Springs, FL 33065-5096
954-346-3000

Daytona Beach Service Center

125 N. Ridgewood Ave., Ste. 301
Daytona Beach, FL 32114-3286
904-254-3901

Fort Myers Service Center

2295 Victoria Ave., Ste. 270
Fort Myers, FL 33901-3851
941-338-2400

Gainesville Service Center

2610 NW 43rd St., Ste. 2A
Gainesville, FL 32606-7415
352-955-2170

Hollywood Service Center

Taft Office Complex
6565 Taft St., Ste. 400
Hollywood, FL 33024-4000
954-967-1000

Jacksonville Service Center

921 N. Davis St., Ste. A-250
Jacksonville, FL 32209-6829
904-359-6070

Key West Service Center

3118 Flagler Ave.
Key West, FL 33040-4698

Lake City Service Center

2651 W. US Hwy 90
Lake City, FL 32055-3115
904-758-0420

Lakeland Service Center

230 S. Florida Ave., Ste. 401
Lakeland, FL 33801-5047
941-499-2260

Leesburg Service Center

734 N. 3rd St., Ste. 117
Leesburg, FL 34748-4463
352-360-6660

Marianna Service Center

4230 Lafayette St., Ste. D
Marianna, FL 32446-3304
850-482-9518

Miami Service Center

8175 NW 12th St., Ste. 119
Miami, FL 33126-1831
305-470-5001

Naples Service Center

Wilson Professional Center
3200 Bailey Lane, Ste. 150
Naples, FL 34105-8523
941-436-1050

Orlando Service Center

5420 Diplomat Circle
Orlando, FL 32810-5605
407-623-1141

Panama City Service Center

651 W. 14th St., Ste. D
Panama City, FL 32401-2271
850-872-4165

Pensacola Service Center

3670-C North L Street
Pensacola, FL 32505-5217
850-395-5170

Port Richey Service Center

6709 Ridge Rd., Ste. 300
Port Richey, FL 34668-6842
813-841-4407

Port St. Lucie Service Center

900 E. Prima Vista Blvd., Ste. 300
Port St. Lucie, FL 34952-2335
561-871-7620

Sarasota Service Center

240 S. Pineapple Ave., 6th Floor
Sarasota, FL 34236-6725
941-361-6001

Tallahassee Service Center

2410 Allen Rd.
Tallahassee, FL 32312-2603
850-488-9719

Tampa Service Center

Sabal Park Office Ctr., Ste. 120
9503 Princess Palm Ave.
Tampa, FL 33619-1378
813-744-6344

Titusville Service Center

1431 Chaffee Dr., Ste. 4
Titusville, FL 32780-4796
407-383-2751

West Palm Beach Service Center

2468 Metrocentre Blvd.
West Palm Beach, FL 33407-5214
561-640-2800

Before returning application, remove instructions and retain for future reference.



9a. Type of Organization - Check one box to enter the type of business. Listed are the definitions of business types:
Corporation - A legal entity created by or under the authority of the laws of a state.
Partnership - Two or more persons or entities that have entered into a voluntary contract.
Trust - A legal entity created by a grantor for the benefit of designated beneficiaries under the laws of the state and the valid trust instrument.
Sole Proprietorship - An individual or individual and spouse.
Professional Association - Any group of professional people organized to practice their profession together.
Other - Any other type of business entity. Please write in (e.g., government, civic organization).

Corporation Partnership Trust Sole Proprietorship Professional Association
 Other (explain) _____

9b. If corporation or partnership, provide fiscal year ending date 12/31
M M D D

9c. Are you an entity required to be registered with the Division of Corporations of the Florida Department of State? - Yes No
If yes, provide your document/registration number: P97000046803
If your corporation is not registered, you must attach a copy of your Articles of Incorporation as filed with the regulating authority in your state.

NATURE OF BUSINESS ACTIVITY

10. Describe your major (more than 50%) business activities that will be subject to tax (please be specific): See attached letter
explains

NOTE: Documentary stamp tax applicants should skip to question 40. All others must continue with question 11.

11. What are the products you purchase for resale to your customers or to be included in a finished product you manufacture? _____

12. What are your estimated annual receipts from taxable sales and/or rentals?
(check one) \$1,700 or less between \$8,000 and \$16,000 \$800,000 - up
 between \$1,700 and \$8,000 between \$16,000 and \$800,000 unable to estimate

13. Do you sell merchandise? ----- Yes No
Wholesale (selling for resale purposes)? ----- Yes No
Retail (selling to consumers)? ----- Yes No
14. Do you rent living or sleeping accommodations for 6 months or less to individuals or businesses? ----- Yes No
(This includes hotels, motels, time-shares, condominiums, apartments, and trailer parks.)
15. Do you rent commercial real property to individuals or businesses? ----- Yes No
16. Do you charge admission or membership fees? ----- Yes No
17. Do you rent equipment or other tangible personal property to individuals or businesses? ----- Yes No
18. Do you provide any of the following services?
Pest control for nonresidential buildings ----- Yes No
Cleaning for nonresidential buildings ----- Yes No
Detective ----- Yes No
Protection ----- Yes No
Security alarm system monitoring ----- Yes No

AMUSEMENT/VENDING

Do you generate sales and remove receipts from vending machines? ----- Yes No

If yes, answer the questions in this block.

Food/Beverage vending machines? ----- Yes No
Vending machines for other products? ----- Yes No

20. Do you sell food or beverages wholesale to vending machine operators? ----- Yes No

21a. Are coin-operated amusement machines being operated at your business location? ----- Yes No

21b. Do you have a written agreement that requires someone else to obtain Amusement Machines Certificates for all of the machines? ----- Yes No

22a. Do you have a written agreement that specifies who is responsible for obtaining Amusement Machines Certificates? ----- Yes No

22b. Do you have a written agreement that requires you to obtain Amusement Machines Certificates for any of the machines? ----- Yes No

You must complete an Application for Amusement Machines Certificate (Form DR-18) if:
• you answered NO to Question 21b and have amusement machines on your business location
OR
• you answered YES to Question 22b and lease amusement machines.

SOLID WASTE

Do you sell tires or batteries or rent/lease motor vehicles to others? Yes No

If yes, answer the questions in this block.

- 24. Do you make retail sales of new tires for motorized vehicles...
25. Do you make retail sales of new, used, or remanufactured lead-acid batteries...
26. Are you in the business of renting or leasing motor vehicles...

DRY CLEANING

Do you own or operate a dry-cleaning plant in Florida? Yes No

If yes, answer the questions in this block.

- 28. Do you use perchloroethylene in the dry-cleaning process?
If you use perchloroethylene, enclose \$30 dry-cleaning registration fee.
29. Do you produce or import perchloroethylene?
If yes, complete an Application for Florida License to Produce or Import Taxable Pollutants (Form DR-166).

MOTOR FUEL

Do you sell any type of fuel or use off-road diesel fuel? Yes No

If yes, answer the questions in this block.

- 31. Do you (or will you) make retail sales of gasoline, diesel fuel, or aviation fuel...
If yes to # 31, do you expect the sales of diesel fuel...
If yes to # 31, does this business exist as a marina?
If yes to # 31, what is your seven (7) digit Florida Department of Environmental Protection Facility Registration Number...
32. Do you use diesel fuel for non-highway purposes?

CONTRACTORS

Are you a contractor who improves real property? Yes No

If yes, answer the questions in this block.

Do you most frequently operate as a prime contractor sub contractor? List the type of construction you perform (building, painting, electrical, etc.)

- 34. Do you operate under formal written contracts?
If yes, what type of contracts do you operate under? Lump Sum, Cost Plus, Fixed Fee, and Other, please explain
35. Do you purchase any materials or supplies from vendors located outside of Florida?
36. Does your company have a current occupational license in any Florida county?
If yes, please list all the counties in which you are licensed and the corresponding license numbers
37. Do you fabricate/manufacture any building components at a location other than contract sites?

TELECOMMUNICATION/ENERGY

Do you provide telecommunication services, electrical power, or gas? Yes No

If yes, answer the questions in this block.

Do you sell:

- a. Electrical power
b. Natural or manufactured gas
c. Pay phone service
d. 2-way cable television service
e. Telex, telegram, teletype service
f. Cellular or pagers service
g. Long distance (inter-exchange service)
h. Shared tenant utility service
i. Telephone service (local exchange)
j. Alternative access vendor service
k. Other telecommunication services (By-Pass provider, etc.)
Describe
39. Do you provide billing services to telecommunication service providers?

DOCUMENTARY STAMPS

Does your business include sales finalized by written agreements that do not require recording by the Clerk of the Court, but do require documentary stamps to be affixed? Yes No

If yes, answer the questions in this block.

41. Is this application being completed to register your first location to collect documentary stamp tax? Yes No If no, and this application is for additional locations, please list name and address of each additional location.

42. Do you anticipate five or more taxable transactions per month? Yes No

43. Do you anticipate your average monthly tax remittance to be less than \$80 a month? Yes No

44. Owner, Partner, Officer Information List the primary owner or corporate officer first. Enter the name, social security number, home address, and telephone number of the owners, partners, or corporate officers. This application will not be processed without this information.

Table with 4 columns: Name and Title, Social Security Number, Home Address, Telephone Number. Rows include Mohamed Rafiek (President) and Abdul Rafiek (Director).

45. Business or Personal Banking Information: Personal account Business account

Bank name: Natien Bank, Account number: 1520044451, Bank street address: 1711 N. Citrus Blvd., City: Leesburg, State: FL, ZIP: 34748

46. Is your business location rented? No Yes

If yes, provide the following information:

Landlord or Owner's Name: Address: City/State/ZIP: Telephone Number:

Applicant Signature—This Application Cannot Be Processed If Not Signed by the Applicant

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

Signature of the business or real property owner, partner, or principal corporate officer: Mohamed Rafiek, Date application signed: 5/5/99, Title of signatory: President

Please note that any person (including employees, corporate directors, corporate officers, etc.) who is required to collect, truthfully account for, and pay any sales taxes and willfully fails to do so shall be liable for penalties under the provisions of §213.29, Florida Statutes.

NOTE: After signing, mail completed application and applicable registration fee (DO NOT SEND CASH) to FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE ST, TALLAHASSEE, FL 32399-0100.

FOR DOR OFFICE USE ONLY

Documentary Stamp Tax [grid]

Gross Receipts Tax [grid]

MO QU SA

DEPOSIT DATE
D135 MAY 12 1999

1. Name of company or name of individual (not fictitious name or d/b/a):
East & Main Grocery and Coin Laundry Inc.

2. Name under which applicant will do business (fictitious name, etc.):
East & Main Grocery and Coin Laundry Inc.

3. Official mailing address:
Street: _____
P.O. Box: 601
City: Fruitland PK
State: Florida Zip: 34731

4. Florida address:
Street: _____
P.O. Box: 601
City: Fruitland PK FL
State: Florida Zip: 34731

5. Structure of organization:
 Individual
 Corporation
 General Partnership

EAST & MAIN GROCERY
AND COIN LAUNDRY INC.
949 E. MAIN ST.
LEESBURG, FL 34748
(352) 326-8353

3182

5/5 19 99 63-626/4
631

PAY TO THE ORDER OF Florida Public Service Commission \$ 100.00
One hundred DOLLARS

BARNETT BANK
052-004
1711 NORTH CITRUS BOULEVARD
LEESBURG, FLORIDA 34748

DOCUMENT NUMBER - DATE

FOR Application for Certificate #: pay phone 06071 MAY 12 99 A. Rafeek

****FLORIDA PUBLIC SERVICE COMMISSION****

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable application fee of \$100.00 to:

**Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Communications
Bureau of Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**