

ORIGINAL PAY TELEPHONE APPLICATION 8239

AUG 13 '91

1. (A) THE LEGAL NAME OF THE APPLICANT AND, (B) THE NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS.

Betty L. Hudish
(LEGAL NAME OF APPLICANT)

H & H Distributors
(NAME TO BE SHOWN ON CERTIFICATE)

2. ADDRESS OF THE APPLICANT(S). (STREET NAME AND NUMBER, POST OFFICE BOX, CITY, STATE, AND ZIP CODE). IF MAILING ADDRESS DIFFERS FROM ABOVE, PROVIDE THAT ALSO.

APPLICANT(S) ADDRESS
H & H Distributors
25955 S.E. 180 Street
Umatilla, FL 32784

MAILING ADDRESS
H & H Distributors
P. O. Box 143
Altoona, FL 32702

3. APPLICANT IS (CHECK ONE)
 (A) PARTNERSHIP (B) CORPORATION OR (C) INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.
 (D) DOING BUSINESS UNDER A FICTITIOUS NAME

4. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUTES 865.09 (1083), IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE).

5. IF APPLICANT IS A CORPORATION (1) PROOF OF INCORPORATION: (2) IF INCORPORATED OUTSIDE OF FLORIDA, PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA, AND (3) NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.

N/A

6. IF APPLICANT IS A PARTNERSHIP, LIST ALL PARTNERS. IF APPLICANT IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS. PLEASE SUPPLY TITLE, NAME, AND ADDRESS.

Owner, Betty L. Hudish, P.O. Box 143, Altoona, FL 32702

7. HAS APPLICANT OR ANY BUSINESS AFFILIATE OF THE APPLICANT (i.e. PARTNER, OFFICER, DIRECTOR, ETC.) EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

No.

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

N/A

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

NAME: Betty L. Hudish TITLE: Owner PHONE: 904699-1376

10. FCC PART 68 REGISTRATION NUMBER(S) FOR ALL INSTRUMENTS:

AS593M-72155-CX-E MANUFACTURED BY: AT&T

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 9

12. AN EXPLANATION OF HOW THE INSTRUMENTS INSURE AVAILABILITY TO ALL LONG DISTANCE COMPANIES IN THE AREA:

Yes, I will give access to all long distance companies in the area.

13. (COMPLETE, SIGN.)

I, Betty L. Hudish, Owner, ATTEST TO THE
(NAME) (TITLE)

ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$25.00 PER CALENDAR YEAR) AND GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN ITEMS 1 - 2 ABOVE.

XXX Betty L. Hudish
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: _____

APPLICANT ACKNOWLEDGMENT CARD

Applicant Betty L. Hudish

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

Signature XXX Betty L. Hudish

Title Owner

Date _____

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

Jim Smith
Secretary of State

August 7, 1991

**H & H DISTRIBUTORS
PO BOX 143
ALTOONA, FL 32702**

Subject: H & H DISTRIBUTORS

REGISTRATION NUMBER: G91217000012

This will acknowledge the filing of the above fictitious name registration which was registered on August 5, 1991. 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 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.

For information regarding fictitious names on file or to search the record call (904) 488-9000.

Should you have any questions regarding this matter you may contact our office at (904) 487-6058.

**CLARETHA GOLDEN
FICTITIOUS NAME SECTION**

Letter No. 91A000069261

Dear Ms. Budich: DATE 8/12/91

RE: Docket No. 910851-TC

This will acknowledge receipt of **application for certificate to provide pay telephone services.**

which has been filed as of this date. Appropriate staff members will be advised.

STEVE TRIBBLE, Clerk

BY: lew

ORIGINAL PAY TELEPHONE APPLICATION

1. (A) THE LEGAL NAME OF THE APPLICANT AND, (B) THE NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS.

Betty L. Hudish
(LEGAL NAME OF APPLICANT)

H & H Distributors
(NAME TO BE SHOWN ON CERTIFICATE)

2. ADDRESS OF THE APPLICANT(S). (STREET NAME AND NUMBER, POST OFFICE BOX, CITY, STATE, AND ZIP CODE). IF MAILING ADDRESS DIFFERS FROM ABOVE, PROVIDE THAT ALSO.

MAILING ADDRESS

H & H Distributors
25955 S.E. 180 Street
Ormatilla, FL 32784

H & H Distributors
P. O. Box 143
Altoona, FL 32702

3. APPLICANT IS (CHECK ONE)
 (A) PARTNERSHIP (B) CORPORATION OR (C) INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.
 (D) DOING BUSINESS UNDER A FICTITIOUS NAME

4. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUTES 865.09 (1083), IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE).

5. IF APPLICANT IS A CORPORATION (1) PROOF OF INCORPORATION; (2) IF INCORPORATED OUTSIDE OF FLORIDA, PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA, AND (3) NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.

N/A

6. IF APPLICANT IS A PARTNERSHIP, LIST ALL PARTNERS. IF APPLICANT IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS. PLEASE SUPPLY TITLE, NAME, AND ADDRESS.

H & H DISTRIBUTORS FOR AT & T PRIVATE PAY PHONES
P.O. BOX 143, 259-259-1378 ALTOONA, FL 32784

1001
63-028/631

August 2, 1991

Fla. Public Ser. Commission \$ 100.00

One hundred & ⁰⁰/₁₀₀

DOLLARS

Betty L. Hudish

12702

DOCUMENT NUMBER-DATE
08130 AUG 12 1991
100-RECORDS/REPORTING