

HABEN, CULPEPPER, DUNBAR & FRENCH

A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

308 NORTH MONROE STREET
TALLAHASSEE, FLORIDA 32301

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FILE COPY

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REPLY TO:
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March 9, 1992

920218-TA

Mr. Steve Tribble, Director
Division of Records and Reporting
Florida Public Service Commission
101 East Gaines Street
Tallahassee, Florida 32399-0850

via Hand Delivery

Re: Application for Alternative Access Vendor
Certification for Continental Fiber Technologies,
Inc.

Dear Mr. Tribble:

Enclosed please find page 1 of the AAV referenced above that was filed on Friday, March 6th. There was a typographical error in the street address. Please insert this page in replace of the one that was filed on Friday. If you have any questions with regard to this page, please call me or my secretary, Theresa, at 222-3533. Thank you for your assistance in this matter.

Respectfully,

HABEN, CULPEPPER, DUNBAR
& FRENCH, P.A.

Peter M. Dunbar
Peter M. Dunbar

PMD/tmz
Enclosure

cc: Jeffrey T. DeLorme

See
2267

DOCUMENT NUMBER-DATE

← 02307 MAR -9 1992

FPS-RECORDS/REPORTING

1. This is an application for (check one):

- Original Authority (New Company).
- Approval of Transfer (To another certificated company).
- Approval of Assignment of existing certificate (To a noncertificated company).

* To operate as an alternative access vendor

2. Name of corporation, partnership, cooperative, joint venture or sole proprietorship:

CONTINENTAL FIBER TECHNOLOGIES, INC.

3. Name under which the applicant will do business (fictitious name, etc.):

CONTINENTAL FIBER TECHNOLOGIES, INC.

4. National address (including street name & number, post office box, city, state and zip code).

Post Office Box 17613-F
5934 Richard Street
Jacksonville, Florida 32245-7613

5. Florida address (including street name & number, post office box, city, state and zip code):

Post Office Box 17613-F
5934 Richard Street
Jacksonville, Florida 32245-7613

6. Structure of organization:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other: _____ | |

7. If applicant is an individual or partnership, please give name, title and address of sole proprietor or partners.

NOT APPLICABLE

*corrected
copy*