

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

MATT MCCREARY

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

MATT MCCREARY

3. ADDRESS OF THE APPLICANT(S)

STREET 3851 S.W. 59TH TERRACE

CITY DAVIE

STATE & ZIP FL 33314

4. TYPE OF ORGANIZATION (CHECK ONE)

- A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.
- B. PARTNERSHIP
- C. CORPORATION
- D. DOING BUSINESS UNDER A FICTITIOUS NAME

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

6. IF APPLICANT IS A PARTNERSHIP ATTACH:

- A. A COPY OF THE PARTNERSHIP AGREEMENT.
- B. A LIST NAME AND ADDRESS OF ALL PARTNERS.

7. IF APPLICANT IS A CORPORATION:

- A. ATTACH PROOF OF INCORPORATION
- B. IF INCORPORATION OUTSIDE OF FLORIDA, ATTACH PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA
- C. PROVIDE NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.

NAME _____

ADDRESS _____

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

NAME: _____

TITLE: _____

PHONE: _____

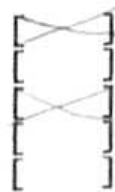
9. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

10. IF THE ANSWER TO QUESTION 9 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

13. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 20

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

- A. PERSONALLY
- B. FULL-TIME TECHNICIAN
- C. PART-TIME TECHNICIAN
- D. SERVICE/REPAIR/MAINTENANCE CONTRACT
- E. OTHER, DESCRIBE




15. EXPLAIN HOW THE INSTRUMENTS INSURE CALLER ACCESS TO ALL LONG DISTANCE COMPANIES IN THE AREA:

These payphones provide equal access to ALL long distance carriers; access is provided via 10 xxx, 1-800, and 950.

APPLICANT ACKNOWLEDGEMENT CARD

Applicant MATT MCCREARY

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

Signature 
Title OWNER
Date 6-22-93

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 PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. DATE
C727 JUN 25 '93

1. LEGAL NAME OF THE APPLICANT
MATT MCCREARY

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
MATT MCCREARY

3. ADDRESS OF THE APPLICANT(S)
STREET 3851 S.W. 59TH TERRACE
CITY DAVIE
STATE & ZIP FL 33314

4. TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.
B. PARTNERSHIP
C. CORPORATION
D. DOING BUSINESS UNDER A FICTITIOUS NAME

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

6. IF APPLICANT IS A PARTNERSHIP ATTACH:

MATT C. MCCREARY
3851 S.W. 59TH TERR.
DAVIE, FL 33314

1526

6-22 1993

Florida Public Service \$ 100.00
One Hundred and no/100 DOLLARS

FIRST UNION
First Union National Bank
Davie, Florida 33314

FOR Public Use
[Signature]