

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

For

Certificate to Provide Pay Telephone Service

Within the State of Florida

- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- B. A \$100 non-refundable application fee along with the enclosed Applicant Acknowledgement Card must be completed and accompany the application before processing will begin.
- C. Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- D. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- E. Use a separate sheet for each answer which will not fit the allotted space.
- F. If you have any questions about completing the form, contact the Certificate Section at 904\488-1280 or write:

Florida Public Service Commission
Division of Communications
101 East Gaines Street
Tallahassee, Florida 32399-0866

- G. Once completed, the original plus five (5) copies of this form, along with \$100 application fee, are to be submitted to:

Florida Public Service Commission
Division of Communications
101 East Gaines Street
Tallahassee, Florida 32399-0866

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

JOHN R. RUSOLPH ENTERPRISES INC.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

JOHN R. RUSOLPH ENTERPRISES INC.

3. ADDRESS OF THE APPLICANT(S)

STREET

7901 W. BROWARD BLVD

CITY

PLANTATION

STATE & ZIP

FL 33324

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: [X]

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

ADDRESS

ATTACHED

D. DOING BUSINESS UNDER A FICTITIOUS NAME: []

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

REQUIRED BY COMMISSION RULE NO. 25-24.511

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

NAME: JOHN RUDOLPH
TITLE: PRESIDENT
PHONE: 954-473-8259

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 CANCELLED 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

N/A

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

N/A

- C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

N/A

- D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

N/A

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

| | |
|-----------------|-------|
| LOCAL | [X] |
| LONG DISTANCE | [X] |
| COIN | [X] |
| CALLING CARD | [X] |
| CREDIT CARD | [] |
| OTHER, DESCRIBE | [] |

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 8.

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

| | |
|-------------------------------------|-------|
| PERSONALLY | [] |
| FULL-TIME TECHNICIAN | [] |
| PART-TIME TECHNICIAN | [] |
| SERVICE/REPAIR/MAINTENANCE CONTRACT | [X] |
| OTHER, DESCRIBE | [] |

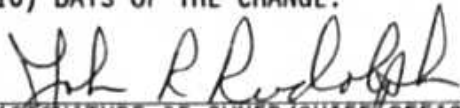
12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

YES

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

YES

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.



(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 12/20/95

APPLICANT ACKNOWLEDGEMENT CARD

Applicant JOHN R. RUDOLPH ENTERPRISES INC.

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

Signature

John Rudolph

Title

PRESIDENT

Date

12/20/95

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.

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of JOHN R. RUDOLPH ENTERPRISES, INC., a corporation organized under the Laws of the State of Florida, filed on November 13, 1984, as shown by the records of this office.

The charter number of this corporation is H29647.

1984 JUN 22 PM 12:31

MAIL ROOM

SERVICE COMMISSION

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this 14th day of November, 1984.



DOCUMENT NUMBER-DATE

George Firestone
Secretary of State

CER-101

FPSC-RECORDS/REPORTING

FPSC-RECORDS/REPORTING

ARTICLES OF INCORPORATION
OF
JOHN R. RUDOLPH ENTERPRISES, INC.

FILED
NOV 13 1 46 PM '01
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is JOHN R. RUDOLPH ENTERPRISES,
INC.

ARTICLE II - DURATION

This corporation shall have perpetual existence.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting
any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 7,500 shares of
common stock at \$1.00 par value.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this
corporation is Suite 126, 100 South Pine Island Road, Plantation,
Florida 33324, and the name of the initial registered agent of
this corporation at that address is T. RANDOLPH BUCK.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The
number of directors may be increased from time to time by the
Bylaws but never shall be less than one (1). The name and

DOCUMENT NUMBER-DATE

00810 JAN 23 01

FPSC-RECORDS/REPORTING

address of the initial director of this corporation are:

JOHN R. RUDOLPH
7901 West Broward Boulevard
Plantation, Florida 33317

ARTICLE VII - INCORPORATOR

The name and address of the person signing these Articles are:

T. RANDOLPH BUCK
Suite 126
100 South Pine Island Road
Plantation, Florida 33324

ARTICLE VIII - INDEMNIFICATION

The corporation shall indemnify any officer or director or any former officer or director to the fullest extent permitted by law.

ARTICLE IX - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this 25 day of November, 1984.


T. RANDOLPH BUCK

FILED

NOV 13 1 46 PM '64

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

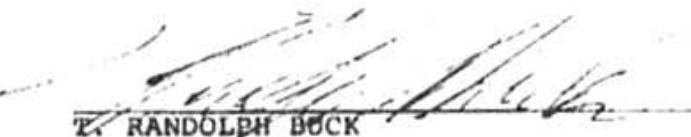
THIS STATE, NAMING AGENT UPON WHOM SERVICE MAY BE SERVED

Pursuant to Sections 48.091 and 607.034, Florida Statutes,
the following is submitted in compliance therewith:

That JOHN R. RUDOLPH ENTERPRISES, INC. desiring to organize
under the laws of the State of Florida with its principal office,
as indicated in its Articles of Incorporation, in the City of
Plantation, County of Broward, State of Florida, has named T.
RANDOLPH BUCK, of Suite 126, 100 South Pine Island Road,
Plantation, Florida 33324, as its agent to receive service of
process within this State.

ACKNOWLEDGEMENT:

Having been named to receive Service of Process for the
above named corporation at the place designated in this Certif-
icate, I hereby agree to act in this capacity, and to agree to
comply with the provision of said act relative to keeping open
said office.


T. RANDOLPH BUCK

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

960084-TC

1. LEGAL NAME OF THE APPLICANT

JOHN R. RUDOLPH ENTERPRISES INC.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

JOHN R. RUDOLPH ENTERPRISES INC.

3. ADDRESS OF THE APPLICANT(S)

STREET 7901 W. BROWARD BLVD

CITY PLANTATION

STATE & ZIP FL 33324

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 _____

ADDRESS ATTACHED

AMERICAN EXPRESS MONEY ORDER

INTERCONTINENTAL BANK

PAY THE SUM OF 100 DOLLARS 00 CENTS

4/27/96
John R. Rudolph
Public Service Commission

ISSUED BY: American Express
Travel Related Services Company, Inc.
Englewood, Colorado

BEFORE CASHING READ NOTICE

Available at:
Newest Bank Grand Junction - Downtown, N.A.
Grand Junction, Colorado

] registered with

DOCUMENT NUMBER-DATE

00810 JAN 23 88

FPSC-RECORDS/REPORTING