

960101-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

EGRES INC.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

EGRES TELECOM. INC.

3. ADDRESS OF THE APPLICANT(S)

STREET P.O. Box 20658

CITY TALLAHASSEE

STATE & ZIP FLORIDA 32310

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 OLAJIDE EGBERONGBE

ADDRESS 5817 EUNICE CT  
TALLAHASSEE, FL 32303

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

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

NAME: OLAJIDE EGBEPONGBE  
TITLE: PRESIDENT  
PHONE: (904)-656-5986

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.

NOT APPLICABLE

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

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

NONE

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

NONE

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

NONE

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE

[ X ]  
[ X ]  
[ X ]  
[ X ]  
[ ]

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 4.

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

PERSONALLY  
FULL-TIME TECHNICIAN  
PART-TIME TECHNICIAN  
SERVICE/REPAIR/MAINTENANCE CONTRACT  
OTHER, DESCRIBE

[ ]  
[ ]  
[ X ]  
[ ]

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.

Oláide Sabarngbe  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 1/21/96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant EGRES 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 Osijide Egbenroba

Title PRESIDENT

Date 1/21/90

**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  
Sandra B. Mortham  
Secretary of State

January 26, 1996

OLAJIDE EGBERONGBE  
3502 CRAS FORDVILLE ROAD  
TALLAHASSEE, FL 32310

The Articles of Incorporation for EGBES, INC. were filed on January 26, 1996 and assigned document number P96000008250. Please refer to this number whenever corresponding with this office regarding the above corporation.

**PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.**

**A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.**

**A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.**

**SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.**

Should you have any questions regarding corporations, please contact this office at the address given below.

Loris Brown, Document Specialist  
New Filings Section

Letter Number: 196A00003502

ARTICLES OF INCORPORATION  
OF  
EGBES, INC.

FILED  
\$6 JAN 26 AM 11:03  
TALLAHASSEE, FLORIDA

The undersigned subscribers to these Articles of Incorporation, both natural persons competent to contract, hereby form a corporation for profit under the laws of the State of Florida.

ARTICLE I - NAME

The name of the corporation is EGBES, INC.

ARTICLE II - NATURE OF BUSINESS

The purpose of this corporation is to engage in any activities or business permitted under the Laws of the United States and the State of Florida.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is ONE THOUSAND (1000) shares of common stock, each having the par value of one and 00/100 (\$1.00) dollars.

ARTICLE IV - INITIAL REGISTERED PRINCIPAL OFFICE AND AGENT

The initial registered agent and principle office of this corporation shall be Olajide Egberongbe located at 1218 Hidden Place, Tallahassee, FL 32304. Upon accepting this designation he agrees to comply with the provisions of Florida Statutes.

ARTICLE V - INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of three members. The number of directors may be increased or decreased from time to time by vote of the stockholders. The names and addresses of the directors constituting the initial Board of Directors are:

|                    |  |
|--------------------|--|
| Olajide Egberongbe | 1218 Hidden Place<br>Tallahassee, FL 32304           |
| Taiwo Egberongbe   | 1832 Jackson Bluff Rd. #A15<br>Tallahassee, FL 32304 |
| Titilayo Sholaja   | 1218 Hidden Place<br>Tallahassee, Fl 32304           |

ARTICLE VI - INCORPORATION

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

Olajide Egberongbe

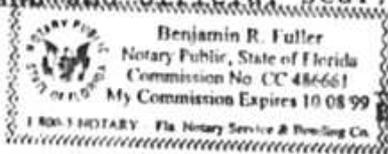
1218 Hidden Place  
Tallahassee, FL 32304

Olajide Egberongbe  
Olajide Egberongbe

STATE OF FLORIDA  
COUNTY OF LEON

Before me personally appeared OLAJIDE EGBERONGBE, to me well known and known by me to be the incorporator of the foregoing Articles of Incorporation, and who executed the foregoing instrument for the purposes therein expressed.

WITNESS my hand and official seal, this 26<sup>th</sup> day of January, A.D., 1996.



Benjamin R. Fuller  
Benjamin R. Fuller

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for EGBES, INC. at the place designated in the Articles of Incorporation, OLAJIDE EGBERONGBE, agrees to act in this capacity, agrees to comply with the provisions of Section 48.091 relative to keeping open such office.

DATE 1-26-96

Olajide Egberongbe  
Olajide Egberongbe

FILED  
56 JAN 26 AM 11:03  
TALLAHASSEE, FLORIDA

LAGOS FOOD STORE  
904-696-5986  
3502 CRAWFORDVILLE HWY.  
TALLAHASSEE, FL 32310

3309

PAY TO THE  
ORDER OF

FLORIDA PUBLIC SERVICE COMMISSION

1-29-1996

\$ 100

ONE HUNDRED DOLLARS ONLY

DOLLARS



320-002  
2282 North Monroe St.  
Tallahassee, Florida 32303

APPROVED FOR DEPOSIT

*[Signature]*