

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

960101-TC

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 OWN NAME: HIS/HER:

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 EGBERINGBE

ADDRESS 5817 EUNICE CT
TALLAHASSEE FL 32303

RECEIVED
DOCUMENTS
DATE
JAN 30 1996
5 11 10

RECEIVED
FLORIDA
SERVING
MAY 1994

LAGOS FOOD STORE
904-656-5986
3502 CRAWFORDVILLE HWY.
TALLAHASSEE, FL 32310

3309

1-29-1996

PAY TO THE ORDER OF FLORIDA PUBLIC SERVICE COMMISSION \$ 100
ONE HUNDRED DOLLARS ONLY DOLLARS



FOR APPLICATION FOR CERTIFICATION

[Signature]