

960239-TC

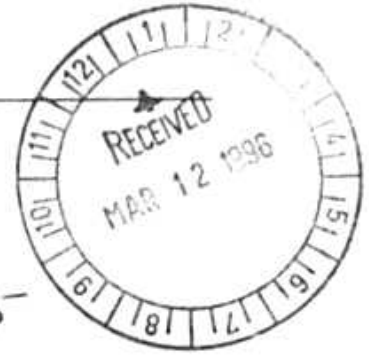
FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

RECEIVED
FLORIDA PUBLIC
SERVICE
MAR 11 AM 10:24
MAIL ROOM

1. LEGAL NAME OF THE APPLICANT
Joseph F Lento; DIANNE M Lento

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
SAME

3. ADDRESS OF THE APPLICANT(S)
STREET P.O. Box 593575
CITY ORLANDO
STATE & ZIP FLORIDA 32859-3575



ACK _____
AFA _____
APP _____
CAF _____
CMU _____
CTR _____
EAG _____
LEG _____
LIN _____
OPC _____
RCH _____
SEC 1 _____
WAS _____

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.

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JoAnne, this couple did not complete the front page of the application so I asked them to do so. Plse. place this page in the Docket File.

A FICTITIOUS NAME:

that fictitious name has been registered with the Secretary of State's Office.

DOCUMENT NUMBER - DATE
03031 MAR 13 96
FPSC-RECORDS/REPORTING