

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

~~9508~~ #1361 \$100.00 RECEIVED  
950487-72  
4/10/96 APR 15 PM 2:42 MAIL ROOM

1. LEGAL NAME OF THE APPLICANT

Green Acres Campground, Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Same

3. ADDRESS OF THE APPLICANT(S)

STREET

12720 Hwy 92

CITY

Dover

STATE & ZIP

Fl. 33527



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 Green Acres Campground, Inc.

ADDRESS 12720 Hwy 92

Dover, Fl. 33527

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

RECEIVED  
FLORIDA PAY TELEPHONE  
SERVICE

96 APR 15 AM 10:45

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

NAME: Chad Dumke  
TITLE: Manager  
PHONE: (813) 659-0002

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 9 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

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

\_\_\_\_\_  
\_\_\_\_\_

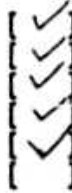
D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

None

\_\_\_\_\_  
\_\_\_\_\_

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

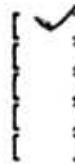
LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE



10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 5.

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



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.)

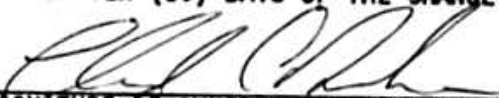
Yes

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, Chad C. Dumke, Treasurer,  
(TITLE)

ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND HAVE READ ALL THE RULES AND REGULATIONS REGARDING PAY PHONE SERVICE IN FLORIDA. 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: 4-8-96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Green Acres Campground, 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 Chad C. White

Title Treasurer

Date 4-8-96

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 following is a true and correct copy of

## CERTIFICATE OF INCORPORATION

OF

GREEN ACRES CAMPGROUND, INC.

filed in this office on the 11th day of September,  
19 75 . EFFECTIVE DATE 10/1/75

Charter Number: 484295

GIVEN under my hand and the Great  
Seal of the State of Florida, at  
Tallahassee, the Capital, this the  
12th day of September,  
19 75

A handwritten signature in cursive script, appearing to read "Bruce A. Swinton".

SECRETARY OF STATE



FILED

SEP 11 4 36 PM '75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CERTIFICATE OF INCORPORATION

OF

GREEN ACRES CAMPGROUND, INC.

I, the undersigned, hereby make, subscribe, acknowledge and file this Certificate for the purpose of becoming a corporation for profit under the Laws of the State of Florida, providing for the formation, liabilities, rights, privileges and immunities of corporations for profit.

ARTICLE I. NAME

The name of this corporation is GREEN ACRES CAMPGROUND, INC.

ARTICLE II. NATURE OF BUSINESS

The corporation may engage in any activity or business permitted under the Laws of the United States and of 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 one time is: Seven Thousand shares of common stock having a nominal par value of One Dollar per share, all of which shall be common stock, and shall be fully paid and non-assessable. All such stock shall be payable in cash.

ARTICLE IV. INITIAL CAPITAL

The amount of capital with which this corporation shall begin business is Five Hundred Dollars (\$500.00).

ARTICLE V. TERM OF EXISTENCE

This corporation shall exist perpetually, following its inception as of October 1, 1975.

ARTICLE VI. ADDRESS

The initial address of the principal place of business of this corporation in the State of Florida is Route 3, Box 269, Dover, Florida, 33527. The post office address of said corporation is the same.

ARTICLE VII. DIRECTORS

This corporation shall have three (3) Directors initially. The number of Directors may be increased or diminished from time to time by by-laws adopted by the stockholders, but shall never be less than three.

ARTICLE VIII. INITIAL DIRECTORS

The names and address of the members of the initial Board of Directors are:

<u>Name</u>	<u>Address</u>
L. H. DUMKE	Green Acres Campground Route 3, Box 269 Dover, Florida 33527
CLARA R. DUMKE	Green Acres Campground Route 3, Box 269 Dover, Florida 33527
CONRAD L. DUMKE	Green Acres Campground Route 3, Box 269 Dover, Florida 33527

ARTICLE IX. SUBSCRIBER

The name and post office address of the subscriber to these Articles of Incorporation is:

<u>Name</u>	<u>Address</u>	<u>No. of Shares</u>
L. H. DUMKE	Green Acres Campground Route 3, Box 269 Dover, Florida 33527	2 shares

ARTICLE X. RESIDENT AGENT

This corporation has named L. H. DUMKE, located at Green Acres Campground, Route 3, Box 269, Dover, Florida, 33527, as its agent to accept service of process within this state.

ARTICLE XI. AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors proposed by them to the stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the Directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of the Articles of Incorporation be made.



IN WITNESS WHEREOF, the undersigned subscribing incorporator has hereunto set his hand and seal this 9<sup>th</sup> day of September, A. D., 1975.

L. H. DUMKE (SEAL)

WITNESS:

Margaret H. Taber  
Notary Public

STATE OF FLORIDA,  
COUNTY OF PASCO.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared L. H. DUMKE, to me well known to be the person described in and who executed the foregoing Articles of Incorporation as subscriber, and he acknowledged to me that he subscribed to these Articles of Incorporation.

WITNESS my hand and official seal this 9<sup>th</sup> day of September, A. D., 1975.

Margaret H. Taber  
Notary Public

My commission expires:

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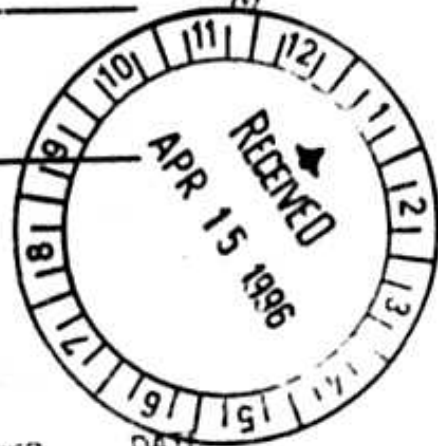
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