

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. DATE

1. LEGAL NAME OF THE APPLICANT

0325

JUN 13 '96

TODD JOHNSON

960728TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

SUMMIT TELECOM, INC

3. ADDRESS OF THE APPLICANT(S)

STREET

12350 S PELICAN RD - 13A

CITY

LARGO

STATE & ZIP

FLORIDA 34643

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

TODD JOHNSON

ADDRESS

7219 3<sup>RD</sup> AVENUE SOUTH

ST PETERSBURG, FL 34643

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: Todd Johnson

TITLE: President

PHONE: 813 523-1299

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.

N/A

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

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: 100

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

[  
✓  
✓  
✓  
]

FAMILY MEMBERS + PARTNER


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.

  
AS PRESIDENT  
\_\_\_\_\_  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 5-29-96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant LODD JOHNSON / SUMMIT TELECOM, 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 [Handwritten Signature] PRESIDENT

Title PRESIDENT

Date 5-29-96

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.

# PLEASE READ!!!

ATTACHMENT B

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

960728-TC

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. 0 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. 0 If the answer to question #2 is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- D. 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.
- E. ✓ 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.
- F. ✓ Use a separate sheet for each answer which will not fit the allotted space.
- G. ✓ If you have any questions about completing the form, contact the Certificate Section at (904) 413-6556.
- H. 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  
Gunter Building, 2540 Shumard Oak Boulevard  
Capital Circle Office Center  
Tallahassee, FL 32399-0850

LAST PAGE

0  
0  
0

RECEIVED  
MAY 16 1996

# State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of SUMMIT TELECOM, INC., a Florida corporation, filed on May 28, 1996, as shown by the records of this office.

The document number of this corporation is P96000047199.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capitol, this the  
Fourth day of June, 1996



CR2EO22 (2-95)



Sandra B. Northam  
Secretary of State

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NAME

TODD JOHNSON

ADDRESS

7219 3RD AVENUE SOUTH

ST PETERSBURG, FL 34643

1186

[x]

TODD JOHNSON  
VALERIE JOHNSON  
7219 3RD AVENUE, SOUTH  
ST. PETERSBURG, FL 33707

63-1224831 001

been registered with

6-10-1996

PAY TO THE  
ORDER OF

FLORIDA PUBLIC SERVICE COMMISSION \$ 100.00

ONE HUNDRED & NO/100

DOLLARS

Bank of St. Petersburg  
771 Pasadena Avenue South  
St. Petersburg, Florida 33707

FOR SUMMIT TELECOM, INC APP FEE

DOCUMENT NUMBER-DATE

06427 JUN 13 '96

FPSC-RECORDS/REPORTING