

RECEIVED

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

960778-7C

96 JUN 26 AM 9:38

1. LEGAL NAME OF THE APPLICANT
Thomas Rynning MAIL ROOM

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
Thomas Rynning

3. ADDRESS OF THE APPLICANT(S)
STREET 9620 NW. 187 Terr.
CITY Alachua
STATE & ZIP FL 32615

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 _____
ADDRESS _____

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: Thomas Rynning
TITLE: Owner
PHONE: (904) 462-9588

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.

Yes

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

R&R PAYPHONES INC. Desolved Corporation
Thomas Rynning Pres. wish to be
4517 sole Proprietor

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

Florida

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

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

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

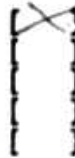
LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE



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

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, 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.

Thomas Pyming (Owner)
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 6-20-96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Thomas Rynning

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature Thomas Rynning

Title Owner

Date 6-20-96

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.

To whom it may concern

RECEIVED

6-22-96

JUN 24 10 09 AM '96

ADMINISTRATIVE
MAIL ROOM

960778-72

I sent an application for a certificate and a request to cancel another certificate # 4517 and I failed to place a check in with the application.

Please apply this check to my application.

Sorry for the Trouble!

Sincerely,
Thomas Rynning
Thomas Rynning

DEPOSIT TREAS. REC.

DATE

0326

JUN 25 '96

To whom it may concern

RECEIVED
JUN 21 10 03 AM '96
ADMINISTRATION
MAIL ROOM
6-21-96

I sent an application for a certificate and a request to correct another certificate # 4511 and I failed to place a check in with the application.

Please apply this check to my application.

Sorry for the Trouble!

Sincerely,
Thomas Rynning
Thomas Rynning

DEPOSIT RECEIPT

JUN 25 '96

THOMAS RYNNING 05-28-96
(904) 462-9588
9620 Nw 187th Ter
Alachua, FL 32615

115

63 72/631

6-19-96

PAY TO THE ORDER OF

Florida Public Service Commission \$ 100.00

one hundred and 00/100

DOLLARS

SUNTRUST

SunTrust Bank, North Central Florida
P.O. Box 310
Ocala, FL 34479-0310

FOR Application Fee

Thomas Rynning

TF581

R+R Payphones, Inc.

Brenda is calling Mr.
Rynning.

6-20-96

To whom it may concern: 960778-TC

TF 581
I wish to have my certificate
4517 cancelled with the name
R & R PAYPHONES, INC.

I am also making application
for a certificate to be issued
in my name Thomas Rynning.

I dissolved my corporation (R & R PAYPHONES, INC.)
and do not wish to do business under
that name.

(att # 4517)

Thank you for your
attention to this matter.

Sincerely,

Thomas Rynning

(904) 462-9588

DOCUMENT NUMBER-DATE

06893 JUN 26 1996

FPSC-RECORDS/REPORTING