

961144-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. DATE
D377 1 79 4 10 100 SEP 19 '96

1. LEGAL NAME OF THE APPLICANT

George Jessell and Marc Joseph

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

G & M Sales

3. ADDRESS OF THE APPLICANT(S)

STREET 1630 Medical Lane - Suite C
CITY Ft Myers
STATE & ZIP Florida 33907

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: []
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: [X]

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: [X]

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

RECEIVED
FLORIDA PAY TELEPHONE
SERVICE COMMISSION

SEP 19 96
MAIL ROOM

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

NAME: George Jessell and Marc Joseph
TITLE: 50% partner 50% partner
PHONE: 941-939-1145

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 - has previously never applied

8. LIST THE STATES IN WHICH THE APPLICANT:

- A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

N/A - not providing any service at present anywhere

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

N/A - has not applied in any other states

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

N/A - has never applied before

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

N/A - has never violated any statutes in regards

to telecommunications

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[X]
LONG DISTANCE	[X]
COIN	[X]
CALLING CARD	[X]
CREDIT CARD	[X]
OTHER, DESCRIBE	

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 10-25.

11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY	[X]
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.

George Paul Small

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE:

9/17/96

9/14/96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Marc Joesph George Jessell

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]* *George Paul Jessell*

Title 50% Partner 50% Partner

Date 9-16-96 9/17/96

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.


September 15, 1996

Partnership Agreement
G and M Sales

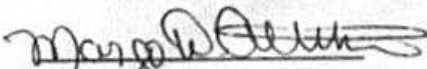
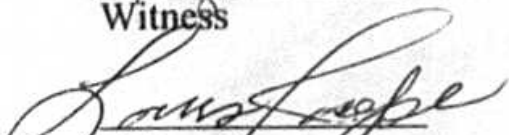
This Agreement Dated September 15, 1996 is between Marc Joseph (50%) and George Jessell (50%). This Partnership is created to install, service, and sell pay phone stations. This Agreement is binding between both parties and will remain in effect until formal written notification. There are two partners in this partnership and each partner owns 50% of all assets, account receiveables or lease agreements. In the event one of the two partners dies during this agreement his or her 50% interest will revert to the surviving spouse or named beneficiary. The undersigned signatures create a fully executed partnership as outlined in this Agreement. This partnership will be referred to as "G and M Sales".



Marc Joseph (50%)



George Jessell (50%)


Witness
Witness

Marc Joseph 1630 Medical Lane Suite C Ft. Myers, FL 33907

George Jessell 1930 SE 1st St. Cape Coral, FL 33990

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Section 1

1. G and M Sales
Fictitious Name to be Registered

2. 1630 Medical Lane Suite C
Mailing Address of Business

Ft Myers FL 33907
City State Zip Code

3. Florida County of principal place of business: Lee

4. FEI Number: _____

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Joseph Marc L 2. Jessell George P
Last First M.I. Last First M.I.

5308 SW 11th PL 1913 SE 1st St
Address Address

Cape Coral FL 33914 Cape Coral FL 33990
City State Zip Code City State Zip Code

SS# _____ SS# _____

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. _____ 2. _____
Entity Name Entity Name

Address Address

City State Zip Code City State Zip Code

Florida Registration Number _____ Florida Registration Number _____
FEI Number: _____ FEI Number: _____

Applied for Not Applicable Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 9/13/96
Signature of Owner Date

Phone Number 941-542-8257 Phone Number: 941-458-7970

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
FILING FEE: \$50
 Note: Acknowledgements/certificates will be sent to the address in Section 1 only. CR4E-001 (5/96)

NOTICE OF INTENTION TO REGISTER FICTITIOUS NAME

The undersigned does hereby certify that Marc Joseph George Jessell conducting a _____
(He is/She is/They are)
pay phone station business at 1630 Medical Lane Suite C Ft Myers, Florida 33907
(Address of Business)
under the fictitious name of G and M Sales and that said firm
(Name of Business)

is composed of the following persons whose names and places of residence are as follows:

Marc Joseph ⁵³⁰⁸ ~~5308~~ SW 11th PL Cape Coral FL 33
George Jessell 1913 SE 2nd St Cape Coral FL 33990

Ownership of G and M Sales is as follows:
(Name of Business)

A partnership created to install, service, and sell pay phone
stations.

It is my intention to apply to the Department of State, Division of Corporations, State of Florida to register the said name of G and M Sales under
(Name of Business)
the provisions of Chapter 90-267 (Fictitious Name Act), Laws of Florida (Section 865.09, Florida Statutes), 1990.

961144-92

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DEPOSIT TREAS. REC. DATE

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George Jessell and Marc Joseph

D377 104131 SEP 19 '96

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

G & M Sales

3. ADDRESS OF THE APPLICANT(S)

STREET 1630 Medical Lane - Suite C

CITY Ft Myers

STATE & ZIP Florida 33907

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME. []

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: [X]

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 _____

EP 19 11 96

MARC I. JOSEPH 12-94
GEORGE P. JESSELL
1630 MEDICAL LANE STE. C
FORT MYERS, FL 33907-1115
PH: 813-939-1145

9/16 19 96

117
83-1358/870

PAY TO THE ORDER OF Florida Public Service Commission

\$ 100⁰⁰

One hundred dollars

DOLLARS

FNB
FIRST NATIONAL BANK
OF SOUTHWEST FLORIDA
CAPE CORAL, FLORIDA 33904

FOR Pay Telephone Service application for

George Paul Jessell

n registered with

DOCUMENT NUMBER-DATE

09981 SEP 19 96

FPSC-RECORDS/REPORTING