

961186-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. DATE

1. LEGAL NAME OF THE APPLICANT

D381 00000000 OCT 01 '96

CHARLES EMORY HUGGINS

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

TAUERNIER DAIRY QUEEN (CONCHED OUT)

3. ADDRESS OF THE APPLICANT(S)

STREET 92661 OVERSEAS HWY.

CITY TAUERNIER

STATE & ZIP FLORIDA 33070

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.

DOCUMENT NUMBER-DATE

10521 OCT-1 96

FPSC-RECORDS/REPORTING

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

NAME: CHARLES HUGGINS  
TITLE: OWNER / Press  
PHONE: 305-852 2219

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.

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

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

No

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

No

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

No

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



13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

yes

14. 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.

Charles E. Ruggieri / owner  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 9-25-96

APPLICANT ACKNOWLEDGEMENT CARD

Applicant CHARLES HUGGINS

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

Signature Charles E. Huggins

Title OWNER of Dairy Queen

Date 9-25-96

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.

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NAME \_\_\_\_\_

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of CONCHED OUT, INC., a Florida corporation, filed on March 12, 1996, as shown by the records of this office.

The document number of this corporation is P96000023106.

95 SEP 30 PM 12 20  
TALLahassee



CR2EO22 (2-95)

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

Sandra B. Northam  
Secretary of State



**ARTICLES OF INCORPORATION  
FOR  
CONCHED OUT, INC.**

FILED

96 MAR 12 PM 1:56

The undersigned, for the purposes of forming a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation:

SECRET  
ALLAHASSEE, FLORIDA

**ARTICLE I- NAME**

The name of the corporation is CONCHED OUT, INC.

**ARTICLE II- ADDRESS OF PRINCIPAL OFFICE/  
MAILING ADDRESS OF CORPORATION**

The address of the principal office of the corporation, and the mailing address of the corporation is 81900 Overseas Highway, Islamorada, Florida 33036.

**ARTICLE III- AUTHORIZED SHARES**

The aggregate number of shares which the corporation is authorized to issue is 1,000.

**ARTICLE IV- STREET ADDRESS OF INITIAL REGISTERED  
OFFICE AND NAME OF INITIAL REGISTERED AGENT**

The street address of the initial registered office of the corporation is 81900 Overseas Highway, Islamorada, Florida 33036. The name of the initial registered agent is Patrick C. Barthet.

**ARTICLE V- NAME AND ADDRESS OF INCORPORATOR**

The name and address of the incorporator is Patrick C. Barthet, 81900 Overseas Highway, Islamorada, Florida 33036.

**ARTICLE VI- DURATION AND PURPOSE**

The duration of the corporation is perpetual and it is organized for the purpose of transacting any and all lawful business permitted under the laws of the State of Florida.

**ARTICLE VII- NAME OF OFFICERS**

Charles Huggins and Susan Broome, whose addresses are 81900 Overseas Highway, Islamorada, Florida 33036 shall serve as initial President, Treasurer, and Secretary. Vice President, respectively.

**ARTICLE VIII-INDEMNIFICATION**

The corporation shall indemnify each director, officer and shareholder of the corporation against any and all liability and expense incurred by him in connection with or arising out of any action, suit or proceeding in which he may be involved, by reason of his being or having been an officer, director or shareholder of the corporation.

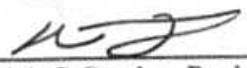
FILED  
96 MAR 12 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Patrick C. Barthet, Incorporator

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

Having been designated as the registered agent for the corporation at the place designated in the foregoing Articles of Incorporation, I declare that I am familiar with and accept the obligations of that position, and hereby accept same and agree to act in that capacity, and agree to comply with the provisions of Florida law relative to keeping the registered office open.



Patrick C. Barthet, Registered Agent