# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

961190-TC

NAME UNDER WHICH THE APPLICANT I LIGHTNING TELE		glo 1190	-/-
ADDRESS OF THE APPLICANT(S)			
	DREST AVE		
CITY SAFETY H	ARBOR		
STATE & ZIP FL 3	34695		
TYPE OF ORGANIZATION (CHECK ONE			
A. INDIVIDUAL DOING BUSINESS OWN NAME.	UNDER HIS/HER:	[]	
DOCUMENTATION: No other docume	entation needed.		
B. PARTNERSHIP:		[]	
DOCUMENTATION: Attach a copy of with the name and address of all	of the partnership partners.	agreement,	and a List
C. CORPORATION:		[]	907
DOCUMENTATION: Attach proof t filed with the Florida Secreta outside of Florida, attach proof applicant has authority to opera of Florida Registered Agent.	ry of State's Offi from the Florida S	ice. If in ecretary of	State that
NAME			
ADDRESS			

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

DOCUMENT NUMBER-DATE

PROV	VIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS PONSIBLE FOR COMMISSION CONTACTS:
NAMI	JAMES A. RUSCH
TITI	E: PRESIDENT, LIGHTNING TELECOM
PHON	NE: 813-791-1155
THE EVER FLOR	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF RIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.
IF	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE
-	NOT APPLICABLE -
LIST	THE STATES IN WHICH THE APPLICANT:
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE  - NONE -
В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.
	- NONE -
С.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.
	- NONE-

	TELECOMMUNICATIONS STATUTES.	EXPLAIN CIRCUMSTANCES	
			1.24
INDIV FOUND RESUL	E INDICATE IF ANY OFFICERS OF IDUAL APPLICANT HAVE BEEN ADJUDG GUILTY OF ANY FELONY OR OF ANY FROM PENDING PROCEEDINGS.	D BANKRUPT, MENTALLY	INCOMPETANT, OF
	JONE-		
PLEAS	E CHECK THE SERVICES THAT WILL	BE PROVIDED:	
LOCAL LONG		BE PROVIDED:	
LOCAL LONG COIN CALLI	DISTANCE NG CARD	[×]	
LOCAL LONG COIN CALLI CREDI	DISTANCE	[×]	early, parson-to
LOCAL LONG COIN CALLI CREDI OTHER	DISTANCE NG CARD T CARD	X COLLECT, 3rd p.	
LOCAL LONG COIN CALLI CREDI OTHER PROPO IN TH	DISTANCE  NG CARD T CARD , DESCRIBE  SED NUMBER OF PAY TELEPHONE INS	X	PLANS TO PLACE

TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, A 1-800? (See Rule 25-24.515(6), F.A.C.  - YES -
123
WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIO STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSI AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 24.515(14), F.A.C.)

DATE: September 16, 1996

FORM PSC/CMU 32 (R3-93) PAGE 6 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

## APPLICANT ACKNOWLEDGEMENT CARD

Applicant _	JAMES A. RUSCH	
of Pay Telep	e receipt and understanding of the Florida Puission's Rules and Requirements relating to my province Service.  Sance G. Rould	blic
Title Pr	esident, Lightning Telecom	
Date	ptenles 16, 1996	

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.



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 20, 1996

LIGHTNING TELECOM 1724 LA FOREST AVE. SAFETY HARBOR, FL 34695

Subject: LIGHTNING TELECOM

REGISTRATION NUMBER: G96263000251

This will acknowledge the filing of the above fictitious name registration which was registered on September 19, 1996. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (904) 187-6058.

Fictitious Name Section Division of Corporations Letter No. 296A00043647

## ST. PETERSBURG TIMES

STATE OF FLORIDA COUNTY OF PINELLAS S.S.

Published Daily St. Petersburg, Pinellas County, Florida

a daily newsp	aper publ	ished at St. Po	rsonally appe Clerk Times etersburg, in being a Le	Pinellas Co	unty, Florida: tha
in the matter.	RE:	FICT71	7045	VAME	NOTICE
was published	in said no	in the	hehe issues of	9/19	196 Court
that the said a Pinellas Coun matter at the p period of one advertisement any person, fir	newspaper ty, Florida cost office year next t, and affia m, or corp	r has heretofor, each day are in St. Petersboreceding the int further say oration any d	ore been con ad has been e urg, in said Pi e first publica ys that he has liscount, reba	tinuously partered as a nellas Countion of the neither parte, commiss	enty, Florida, and sublished in said second class mail nty, Florida, for a attached copy of aid nor promised tion or refund for ion in the said

PICTITIOUS NAME
NOTICE
Notice is hereby given that
James A. Rusch and Mariene
C. Rusch, co owners, desiring
to engage in business under
the fictitious name of "Lightning Telecom" located of
1724 La Forest Ave. Safety
Harbor, Florido 34695, intends to register the solo
name with the Division of

to section 865.09 of 1 do Statutes. 19454112231 97994

FICTITIOUS NAME

Notice is hereby elven that James A. Rusch and Maries and Language in business under the fictifious name of "Light ning Telecom" located of "Light ning Telecom" located of 1734 La Forest Ave. Safet Harber, Florida 3495, in tends to register the solvanne with the Division of Corporations. Florida Department of State, pursuand a Section 85.09 of the Florida Statutes.

# PLEASE READ!!!

ATTACHMENT B

#### FLORIDA PUBLIC SERVICE COMMISSION

### Application Form

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. 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. 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 two (2) 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

### FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1.	LEGAL NAME OF TH	A. RUSC	н		TREAS. REC	OCT 0 2 '96
2.	NAME UNDER WHICH	1.04K-SF	NT WILL DO BUS	INESS		
3.	ADDRESS OF THE A		A FOREST AV	le .		
	STREET			ATTECH TO		
	CITY	EXECUTE OF	HARBOR			
	STATE & ZIP	FL	34695			
4.	A. INDIVIDUAL OWN NAME.		ONE) ESS UNDER HIS/H	IER:	[]	
	DOCUMENTATION:	No other do	cumentation nee	ded.		
	B. PARTNERSH	IP:			[]	
	DOCUMENTATION: with the name an	Attach a cop d address of	y of the partnal all partners.	nership ag		ind a list
	C. CORPORATIO	N:			[]	8 "
	DOCUMENTATION: filed with the outside of Florid applicant has aut of Florida Regis	Florida Secr da, attach pr thority to op	etary of State oof from the Fl	orida Sec	retary of	State that
	NAME					(5)
Lightning 7 1724 Le Fo Safety Have 813-791-116	rest Ave		,	4	03-066 W	
	ida Public x bed and i		umission	st 30	19 9 \$ /00 	
PSC Appl	lication Files		James C	a. Rus	1	