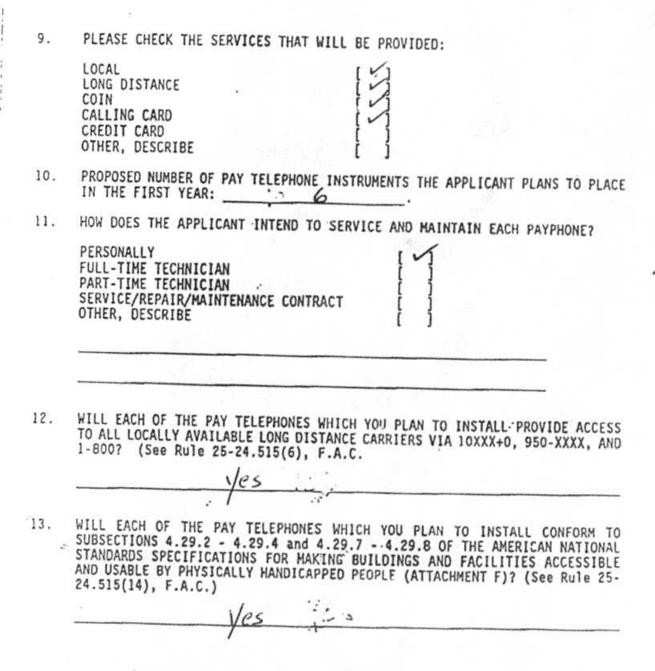
FPSC-RECORDS/REPORTING

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1.	LEGAL NAME OF THE APPLICANT MARSHALL CARPENTER	DEPOSIT TREAS. REC. DATE	
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS MAIZSHALL. CARPENTER	96/228-70	
3.	STREET 8623 Thousand Pines CITY West Dalm Beach		
٠.	STATE & ZIP FlorZiDA 33411		
4.	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.	W	
	DOCUMENTATION: No other documentation needed. B. PARTNERSHIP: DOCUMENTATION: Attach a copy of the partnership age the name and address of all partners.	[] preement, and a list with	
	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.		
ar.	ADDRESS N/A		
FORM	D. DOING BUSINESS UNDER A FICTITIOUS NAME: DOCUMENTATION: Attach proof that fictitious name the Florida Secretary of States Office. PSC/CMU 32 (R3-93) PAGE 2 OF 5 RED BY COMMISSION RULE NO. 25-24.511	has been registered with DOCUMENT NUMBER-DATE	

ONE



REQUIRED BY COMMISSION RULE NO. 25-24.511

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.

SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

X DATE: 10/4/96

FORM PSC/CMU 32 (R3-93) PAGE 5 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24-511

APPLICANT ACKNOWLEDGEMENT CARD

Applicant _	MARSHALL CARPENTER	
Service Com of Pay Tele	dge receipt and understanding of the Florida Publ mission's Rules and Requirements relating to my provisi aphone Service.	ic on
Signature _	Marshall Consender	
Title	Owner	
Date	10-4-96	

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.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1.	LEGAL NAME OF THE APPLICANT	DEPOSIT TREAS. REC. DATE	
	MARSHA'LL CARPE	WTER D384 RMA 0011196	
2.	NAME UNDER WHICH THE APPLICANT WILL DO		
	MAIRSHALL CARPE	NTER	
3.	ADDRESS OF THE APPLICANT(S) STREET 8623 Thousand Pines Court		
	STREET 8623 Thousan	b Pines Court	
	CITY West Palm	Beach,	
6	STATE & ZIP FlorZiDA	3341/	
4.	TYPE OF ORGANIZATION (CHECK ONE)		
	A. INDIVIDUAL DOING BUSINESS UNDER HOWN NAME.	IS/HER: [4]	
	DOCUMENTATION: No other documentation	needed.	
	B. PARTNERSHIP:	[]	
	DOCUMENTATION: Attach a copy of the part the name and address of all partners.	nership agreement, and a list with	
	c. corporation:	[]	
	DOCUMENTATION: Attach proof that art filed with the Florida Secretary of soutside of Florida, attach proof from the applicant has authority to operate in Florida Registered Agent.	State's Office. If incorporated he Florida Secretary of State that	
- 100	, .	distribution of the second	
BETH 1 PHL 407-7 8623 THO	HALL E. CARPENTER 4-91 K. CARPENTER 91-9800 PILSAND PINES CT. LIM BEACH, FL 33411	1593	
TO CO	To Ploside Public Service Comes \$	100:	
SOUTHERN I	BANK AVE	Dellare Transition on back n registered with	
HR. ACCOUNT	T 800 CALL 1407 686-2265 86 CALL 1407 686-2265	geen Ler &	
		92	