

#970016-TC

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Charles H. Jaeger
TITLE: Owner
PHONE: 407-299 3338

**Plse. place in
the above
Docket File!**

Thank!

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OF THE CASE OF A CLOSELY HELD CORPORATION ANY S EVER BEEN GRANTED OR DENIED A PAY TELEPHONE FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED

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

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

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.

ACF _____
AFJ _____
APJ _____
CAF _____
CMJ _____
CTJ _____
EAG _____
LEL 4/7
LIN _____
REJ _____
SEC 1
WAS _____
OTW _____

DOCUMENT NUMBER-DATE
00784 JAN 22 6
FPSC-RECORDS/REPORTING