

YOUNG, VAN ASSENDERP & VARNADOE, P. A.
ATTORNEYS AT LAW

REPLY TO:

R. BRUCE ANDERSON
TASHA O. BUFORD
DAVID L. COOK*
DAVID B. ERWIN
C. LAURENCE KEESEY
ANDREW I. SOLIS
KENZA VAN ASSENDERP
GEORGE L. VARNADOE
ROY C. YOUNG

Tallahassee

GALLIE'S MALL
225 SOUTH ADAMS STREET, SUITE 200
POST OFFICE BOX 1833
TALLAHASSEE, FLORIDA 32302-1833
TELEPHONE (904) 222-7206
TELECOPIER (904) 561-6834

January 29, 1997

SUNTRUST BUILDING
801 LAUREL OAK DRIVE, SUITE 300
POST OFFICE BOX 7907
NAPLES, FLORIDA 34101-7907
TELEPHONE (941) 597-2614
TELECOPIER (941) 597-1060

*BOARD CERTIFIED REAL ESTATE LAWYER

WILLIAM J. ROBERTS
OF COUNSEL

970128-TC

HAND DELIVER

Ms. Blanca S. Bayo, Director
Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Dear Ms. Bayo:

Enclosed is the application of Indiantown Telephone System, Inc. for a Certificate of Authority to provide "Pay Telephone Service."

Also enclosed is the applicant's check in the amount of \$100.00 to cover the filing fee, as required by Rule 25-24.511(1), F.A.C., and the application is being submitted with five copies, as required by Rule 25-24.511(2), F.A.C.

Thank you for your attention to this filing. If there are any questions, please call me or Robert M. Post, Jr., the applicant's president.

Sincerely,

David B. Erwin

DBE:akh
Enclosures
cc: Robert M. Post, Jr.

Check received with filing amt
forwarded to Fiscal for deposit.
Fiscal to forward a copy of check
to RAR with proof of deposit.

Initials of person who forwarded check
[Signature]

DOCUMENT NUMBER-DATE

01141 JAN 29 97

FPSC-RECORDS/REPORTING

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- ORC _____
- RCH _____
- SEC _____
- WAS _____
- OTH _____

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

970128-TC

1. LEGAL NAME OF THE APPLICANT

Indiantown Telephone System, Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Indiantown Telephone System, Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET 15925 SW Warfield Boulevard

CITY Indiantown

STATE & ZIP FL 34956

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: Florida Charter #367658

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 Robert M. Post, Jr.

ADDRESS 15925 SW Warfield Boulevard

Indiantown, FL 34956

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

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

NAME: James P. McGinn
TITLE: Regulatory Manager
PHONE: (561) 597-3636

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.

Not applicable

8. LIST THE STATES IN WHICH THE APPLICANT:

- A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

Applicant is providing LEC pay telephone service within its certificated Florida territory.

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

None other than this application.

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

Not applicable

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

Not applicable

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

The applicant has no such officers.

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

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

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

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

PERSONALLY	[]
FULL-TIME TECHNICIAN	[]
PART-TIME TECHNICIAN	[X]
SERVICE/REPAIR/MAINTENANCE CONTRACT	[]
OTHER, DESCRIBE	[]

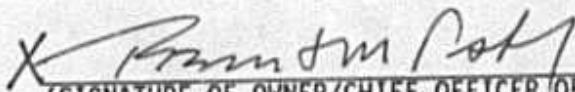
13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

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.



(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 1-21-97

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Indiantown Telephone System, Inc.

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

Signature X *Ronald M. Ost*

Title President

Date 1-21-97

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.

YOUNG, VAN ASSENDERP & VARNADOE, P. A.

ATTORNEYS AT LAW

REPLY TO:

Tallahassee

DEPOSIT TREAS. REC. DATE

D451 1997 JAN 31 '97
January 29, 1997

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David B. Erwin

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Tallahassee

DEPOSIT RECEIPT REC. 1997

D451 111111
January 29, 1997

JAN 31 '97

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Sincerely,

ARROW COMMUNICATIONS, INC.

GENERAL FUNDS ACCOUNT
P.O. BOX 1727
INDIANTOWN, FL 34956



FIRST BANK
OF INDIANTOWN
Indiantown, Florida 34956

CHECK DATE	CHECK NO.
1/23/97	1373

PAY

Exactly \$****100 and 00/100 Dollars

CHECK AMOUNT
\$****100.00

TO THE ORDER OF

FLORIDA PUBLIC SERVICE
COMMISSION
2540 SHUMARD OAK BLY.
TALLAHASSEE, FL 32399



ARROW COMMUNICATIONS, INC.

Robert M. Post, Jr.