

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

9770325-11

1. LEGAL NAME OF THE APPLICANT

DEPOSIT TRFAS. REC. DATE

HAROLD J BAGGETT

D482 ~~000000~~ MAR 17 '97

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

BAGGETT INDUSTRIES

3. ADDRESS OF THE APPLICANT(S)

STREET

715 TROPIC HILL DR

CITY

ALT SPRGS, FL

STATE & ZIP

FL 32701

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.

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

NAME: BALGETT INDUSTRIES

TITLE: OWNER

PHONE: 407 331 8778

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.

N/A

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

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

YES FLORIDA

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

NONE

The Orlando Sentinel

(PLEASE PRINT OR TYPE*)

NOTICE UNDER FICTITIOUS NAME STATUTE

TO WHOM IT MAY CONCERN

Notice is hereby given that the undersigned pursuant to the "Fictitious Name Statute," Chapter 865.09, Florida Statutes, will register with the Division of Corporations, Department of State, State of Florida upon receipt of proof of the publication of this notice, the fictitious name, to-wit:

BAGGETT INDUSTRIES

under which (I am) (we are) engaged in business

(or)

under which (I) (we) expect to engage in business

at (address) 715 TROPIC HILL DR ALTAMONTE SPRGS, FL 32701

That the (party) (parties) (corporation) interested in said business enterprise (is) (are) as follows:

HAROLD J. BAGGETT SR
FRANCES L. BAGGETT
HAROLD J. BAGGETT JR.

(407)
PHONE 331 8918

Dated at SEMINOLE County, Florida, MAR 14, 19 97

Form No. AD-220 (Rev. 1-91)

HAROLD BAGGETT 0686
FRANCES BAGGETT
715 Tropic Hill 331 8978
Altamonte Springs, FL 32701

6702

63215-631

MAR 14 1997

Pay to the Order of ORLANDO SENTINEL \$ 52.00

FIFTY TWO & 00/100

Check
Premium Banking

SUNTRUST

SunTrust Bank, Central Florida, N.A.
Semoran Office 1957 657 6700
P.O. Box 71

For

⑆06 380 285 2⑆06 3200 3386 343⑆ 6702

Harold Baggett

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

NO

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.

NONE

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 20

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

PERSONALLY
FULL-TIME TECHNICIAN
PART-TIME TECHNICIAN
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 10XXX+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

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Harold J. Baggett

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

Signature Harold J. Baggett

Title OWNER

Date MARCH 10, 1997

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.

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.

Harold J. Baggett

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: *March 10, 1997*

970325-TC

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NAME _____

ADDRESS _____

OTHER BUSINESS UNDER A FICTITIOUS NAME.

HAROLD BAGGETT 0000
FRANCES BAGGETT

6703 en registered with

MAR 14 1997

Pay to the Order of PUBLIC SERVICE COMMISSION \$ 100.00

ONE HUNDRED & 00/100

SUNTRUST

SunTrust Bank, Central Florida, N.A.
Sansevier Office (407) 657-6700
Fort Park, FL

Premium Banking

DOCUMENT # _____ DATE

02783 MAR 17 97

For

Harold Baggett

SPSC-RECORDS/REPORTING