

970340 TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT THEAS. REC.

DATE

D484 MAR 19 97

1. LEGAL NAME OF THE APPLICANT

Pay Telephone Of Florida, Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Pay Telephone of Florida, Inc. 970340-

3. ADDRESS OF THE APPLICANT(S)

STREET 6501 Spanglers Lane

CITY Orlando, FL 32802

STATE & ZIP Florida 32802

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 NA

ADDRESS _____

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

DOCUMENT NUMBER - DATE
02849 MAR 19 97
FPSC - RECORDS/REPORTING

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

NAME: Sharon D. Forrest
TITLE: President
PHONE: 941-756-4560

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.

NA

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.

NONE

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

NONE

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

NONE

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: 100

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

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: _____

March 17, 1997

APPLICANT ACKNOWLEDGEMENT CARD

Applicant

Pay Telephone of Florida, 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

John A. Jones

Title

President

Date

11 Dec 17, 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.

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of PAY TELEPHONE OF FLORIDA, INC., a Florida corporation, filed on December 21, 1995, as shown by the records of this office.

The document number of this corporation is P95000096509.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-first day of December, 1995



CRS0002 (1-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State

ARTICLES OF INCORPORATION

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 21 PM 2:01

of

PAY TELEPHONE OF FLORIDA, INC.

FIRST:

The name of the Corporation shall be PAY TELEPHONE OF FLORIDA, INC. The principal mailing address of the corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

SECOND:

The purposes for which the corporation is formed are any and all lawful purposes for which a corporation may be formed pursuant to the laws of the State of Florida and the United States.

THIRD:

The corporation shall be authorized and empowered to issue TEN THOUSAND (10,000) shares of common stock.

FOURTH:

The mailing address of the Registered Office of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

FIFTH:

The registered agent for the corporation shall be:

STANLEY A. GOLDSMITH
1605 Main Street, Suite 1001
Sarasota, Florida 34236

SIXTH:

To the incorporator of PAY TELEPHONE OF FLORIDA, INC.:

I understand my obligations as your Registered Agent and hereby accept appointment as your Registered Agent in accordance with F.S. 48.091.

12/15/95
Date


Stanley A. Goldsmith

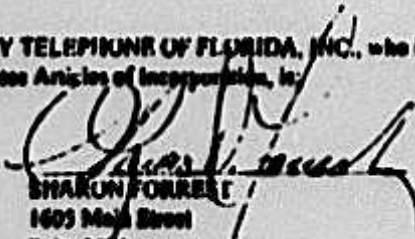
SEVENTH:

The initial Board of Directors of the corporation shall consist of one (1) member(s).

Sharon Forrest
1605 Main Street
Suite 1001
Sarasota, Florida 34236

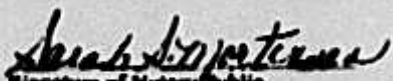
PAYMENT:

The incorporator of PAY TELEPHONE OF FLORIDA, INC., who by her signature hereby acknowledges the adoption of these Articles of Incorporation, is:


SHARON FORREST
1605 Main Street
Suite 1001
Sarasota, Florida 34236

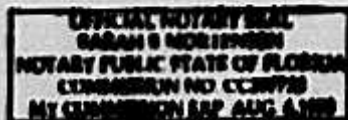
STATE OF FLORIDA)
COUNTY OF SARASOTA) ss:

The foregoing Articles of Incorporation of Pay Telephone of Florida, Inc., were acknowledged before me this 10th day of November 1995 by STANLEY A. COLISMITTI as registered agent. He is personally known to me or has produced _____ as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.

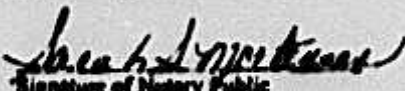

Signature of Notary Public

SARAH S. NORDENSON
Print Name of Notary Public

I am a Notary Public of the State of
Florida, and my commission
expires on _____

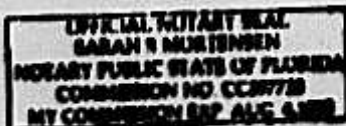


The foregoing Articles of Incorporation of Pay Telephone of Florida, Inc., were acknowledged before me this 10th day of November 1995 by SHARON FORREST as incorporator. She is personally known to me or has produced _____ as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.


Signature of Notary Public

SARAH S. NORDENSON
Print Name of Notary Public

I am a Notary Public of the State of
Florida, and my commission
expires on _____





FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

December 21, 1995

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

The Articles of Incorporation for PAY TELEPHONE OF FLORIDA, INC. were filed on December 21, 1995 and assigned document number P9500009509. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT AT 1-800-829-3678 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Agnes Lunt, Corporate Specialist
New Filings Section

Letter Number: 095A00055015

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TICKETS REG. DATE
D484 ~~XXXX~~ MAR 19 '97

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Pay Telephone Of Florida, Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Pay Telephone of Florida, Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET 6501 Spyclass Lane
CITY Bradenton, FL 34202
STATE & ZIP Florida 34202

4. TYPE OF ORGANIZATION (CHECK ONE)

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OWN NAME.

DOCUMENTATION: No other documentation needed.

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DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

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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 NA

ADDRESS _____

PAY TELEPHONE OF FLORIDA INC

941-758-3182
6501 SPYGLASS LANE
BRADENTON, FL 34202

3006

PAY TO THE ORDER OF

Florida Public Service Commission
Mr. Harold Albert Goodhart

317 '97

\$ 100 -

DOLLARS

882 010
200 S. Pineapple Ave
Sarasota, Florida 34236

FOR

Operation Fee

Chris D. Jones