

**FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION**

1. **LEGAL NAME OF THE APPLICANT** DEPOSIT **D513<sup>00</sup>** DATE **APR 29 1997**  
LARRY REODES AND FLORENCE REODES

2. **NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS**  
OCALA TEL COM INC *970511-7C*

3. **ADDRESS OF THE APPLICANT(S)**  
**STREET** 14303 N. HWY 441  
**CITY** CITRA  
**STATE & ZIP** FL 32113

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*

**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: LARRY OR FLORENCE BLODES  
TITLE: Pres and Vice Pres  
PHONE: 352-591-3684

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

NO

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

NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

NO

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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.

NO

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10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE

{ X }  
{ X }  
  
{ X }

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 6

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

{ X }  
  
{ X }

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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-KXXX, AND 1-800? (See Rule 25-24.815(6), F.A.C.)

Y/N

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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 25-24.815(14), F.A.C.)

Y/N

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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: April 28, 1997

# State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of OCALA TEL COM INC., a Florida corporation, filed on April 18, 1997, as shown by the records of this office.

The document number of this corporation is P97000035144.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Eighteenth day of April, 1997




CR2E022 (2-94)



Sandra D. Northam  
Secretary of State

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\_\_\_\_\_  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

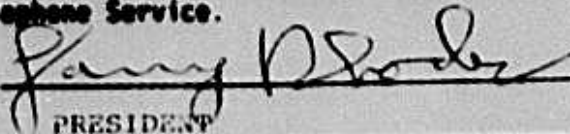
DATE: April 28, 1997

**APPLICANT ACKNOWLEDGEMENT CARD**

**Applicant** OCALA TEL. CO. INC. - LARRY RHODES, PRES

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

**Signature**



**Title**

PRESIDENT

**Date**

4-28-97

**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.**



# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

## ARTICLE I NAME

The name of the corporation shall be

OCALA TEL COX INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be

14303 N. Hwy 441  
Citra, FL 32113

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is

One hundred

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

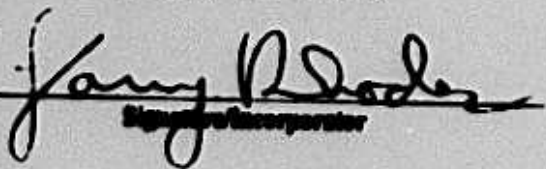
The name and Florida street address of the initial registered agent are:

Larry Rhodes  
14303 N. Hwy 441  
Citra, FL 32113

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

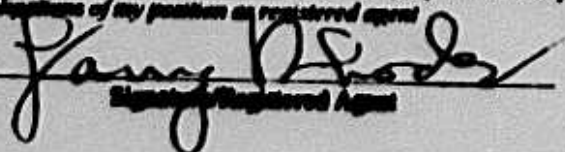
Larry Rhodes  
14303 N. Hwy 441  
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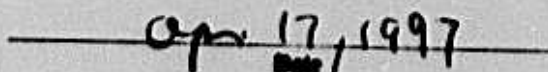
  
Signature of Incorporator

  
Date

(An additional article must be added if an effective date is requested)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

  
Signature of Registered Agent

  
Date

FILED  
97 APR 18 PM 3:25  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT **DEPOSIT** **DATE**  
LARRY RHODES AND FLORENCE RHODES **D513<sup>00</sup>** **APR 29 1997**

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OCALA TEL COM INC

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CITY CITRA  
STATE & ZIP FL 32113

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OWN NAME.

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

0095

PAY TO THE ORDER OF

Fla Public Service Commission \$ 100.00

4-28 1997

One hundred & 00/100

DOLLARS



Ocala Tel Com Inc.  
Larry Rhodes

FOR