#970742-TC

WIGGINS & VILLACORTA, I ATTORNEYS AT LAW 501 EAST TENNESSEE STREET

POST OFFICE DRAWER 1657
TALLAHASSEE, FLORIDA 32302

TELEPHONE (904) 222-1534 TELECOPIER (904) 222-1689

June 25, 1997

Please one in in the above docket file, and the other for your other file.

Thanks, Brenda

VIA HAND DELIVERY

Ms. Brenda Hawkins Division of Communications Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399

Re: Talton STC, Inc.

Dear Ms. Hawkins:

Enclosed for filing are the original and two copies of Talton STC, Inc.'s signed pages to its Pay Telephone Certificate Application.

Thank you for your assistance in this matter.

Sincerely,

Patrick K. Wiggins

PKW:plk Enclosures

DOCUMENT NUMBER - DATE

06457 JUN 26 5

FFSC RECORDS/REPORTING

APPLICANT ACKNOWLEDGEMENT CARD

Applicant .	Talton STC, Inc.
Public Ser	dge receipt and understanding of the Floridavice Commission's Rules and Requirement my provision of Pay Telephone Service.
Signature .	Total b. Fol
Title	YILE PRESIDENT
Date	6- 24 -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.

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 APPLICANT 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: 6-24-87