

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

970849-JC

1. LEGAL NAME OF THE APPLICANT

BT FOODS, INC. (DBA WENDY'S)

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

BT FOODS, INC. (DBA WENDY'S)

3. ADDRESS OF THE APPLICANT(S)

STREET ~~10950 N. SHARPE RD~~

9960 W. Oakland Pk. Blvd.

CITY ~~ORLANDO FLORIDA~~

Sunrise, FL 33323

STATE & ZIP ~~FL 32803~~

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 N/A

ADDRESS N/A

D. DOING BUSINESS UNDER A FICTITIOUS NAME: []

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

DN06968-97
7/11/97

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

NAME: _____

TITLE: Secretary/Treasurer

PHONE: _____

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.

NONE

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

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: ONE (1).

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.

T. P. Miko

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 7/1/97

APPLICANT ACKNOWLEDGEMENT CARD

Applicant THOMAS P. MIKO

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

Signature T.P. Miko

Title Secretary/Treasurer

Date 7/1/97

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.

ATTACHMENT C

FLORIDA PUBLIC SERVICE COMMISSION

PAY TELEPHONE SERVICE

(PARTS)

INFORMATION BROCHURE

Florida Public Service Commission
Division of Communications
2540 Shumard Oak Blvd.
Tallahassee, Florida 92399-0866

TABLE OF CONTENTS

A.	Application - Certification Requirements	3
B.	Regulatory Assessment Fees - Other Fees	4
C.	PATS Locations - Facility Arrangements	5
D.	Operational - Service Standards - Staff Inspections	6
E.	Periodic Reports	8
F.	Enforcement Action	9

NOTE: This brochure is a compilation of common questions and issues raised by applicants. However, this brochure by no means covers all issues or all of the Commission Rules for pay telephone providers. Please read all of the information contained within this package.

PLEASE READ!!!

ATTACHMENT B

FLORIDA PUBLIC SERVICE COMMISSION

Application Form

990850 -TC

FOR

Certificate to Provide Pay Telephone Service

Within the State of Florida

- copy of articles -
- A. This form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
 - B. A \$100 non-refundable application fee along with the enclosed Applicant Acknowledgement Card must be completed and accompany the application before processing will begin.
 - C. If the answer to question #2 is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
 - D. Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
 - E. When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
 - F. Use a separate sheet for each answer which will not fit the allotted space.
 - G. If you have any questions about completing the form, contact the Certificate Section at (904) 413-6556.
 - H. Once completed, the original plus two (2) copies of this form, along with \$100 application fee, are to be submitted to:

Florida Public Service Commission
Gunter Building, 2540 Shumard Oak Boulevard
Capital Circle Office Center
Tallahassee, FL 32399-0850



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

May 23, 1994

TRACEY DOROBAN
JAMES K. PEDLEY ATTORNEY AT LAW
727 NE 3RD AVE., SUITE 301
FT. LAUDERDALE, FL 33304

The Articles of Incorporation for B T FOODS INC. were filed on May 18, 1994, and assigned document number P94000038397. Please refer to this number whenever corresponding with this office.

Enclosed is the certification requested.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date year. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3666 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

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

Brendolyn Bruton
Corporate Specialist
New Filings Section
Division of Corporations

Letter Number: 594A00024732

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of B T FOODS INC., a Florida corporation, filed on May 18, 1994, as shown by the records of this office.

The document number of this corporation is P94000038397.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-third day of May, 1994



Jim Smith

Jim Smith
Secretary of State

ARTICLES OF INCORPORATION OF

B T FOODS INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I - NAME AND ADDRESS

The name of this corporation shall be: B T FOODS INC. at the corporate address of 9 Via De Casas Sur, Ste 203, Boynton Beach, FL 33426.

ARTICLE II - DURATION

This corporation shall have perpetual existence.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transaction any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 1000 number of shares, having an individual par value of \$1.00 non-assessable. Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

FILED
MAY 18 10 30 10
TALLAHASSEE, FLORIDA

ARTICLE V - PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 9 Via De Casas Sur, Ste 203, Boynton Beach, FL 33426, and the name of the initial registered agent of this corporation is Brian Fettner.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have two Directors initially. The number of Directors may be either increased or diminished from time to time by the Bylaws but shall never be less than one. The name and address of the initial directors of this corporation is:

NAME

ADDRESS

Brian Fettner, president
9 Via De Casas Sur, Apt 203, Boynton Beach, FL 33426

Thomas P. Miko, secretary
6288 Windlass Circle, Boynton Beach, FL 33437

ARTICLE VIII - INCORPORATOR

The name and address of the person signing these Articles is:

NAME

ADDRESS

Brian Fettner
9 Via De Casas Sur, Ste. 203, Boynton Beach, FL 33426

ARTICLE IX - INDEMNIFICATION

The corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

ARTICLE X - AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the share holders is subject to this reservation.

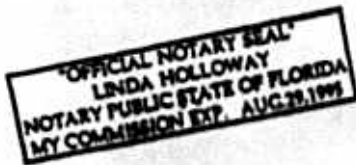
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 5 day of May, 1999.

Brian Fettner
Subscriber

STATE OF FLORIDA :
COUNTY OF BROWARD :

BEFORE ME, a Notary Public authorized to take acknowledgements in the state and county set forth above, personally appeared known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed my official seal in the state and county aforesaid
this 5 day of May, 1994.



Linda Holloway
DR. L. Holloway
NOTARY PUBLIC CC 296847.
My Commission Expires:

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for
B T FOODS INC. at the place designated in the Articles of
Incorporation, 9 Via De Casas Sur, Ste 203, Boynton Beach,
FL 33426, I hereby agree to act in this capacity, and agree
to comply with the provisions of Section 48.901 relative to
keeping open such office.

Date: 5/5/94

btfoods.art.16

Biseth
Registered Agent

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1994 MAY 18 AM 10:10

FILED