

980899-TL

Brenda:

Please find enclosed, application  
for my corp. for payphone service  
in Florida.

As per our phone conversation  
I would like this certification  
to take the place of the  
one in my personal name  
which is # 5410.

Upon approval of this  
corp application I would  
wish to cancel the one  
in my personal name

Thanks

Derrin L. Gravenmier

DERRIN L GRAVENMIER

7-15-77

DOCUMENT NUMBER-DATE

07196 JUL 17 6

FBI - RECORDS/REPORTING

ORI.

**APPLICANT ACKNOWLEDGEMENT CARD**

Applicant BY SUN DIAL PHONE CO  
DERRIN L GRAUBENMIER

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

Signature Derrin L Graubemier

Title PRESIDENT

Date 7-15-97

**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.**

57  
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FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

970899-TC

1. LEGAL NAME OF THE APPLICANT SUN DIAL PHONE CO.

BY DERRIN LEE GRAUENMIER

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS ~~DEPOSIT~~ DATE

TWO WORDS

→ SUN DIAL PHONE CO. ~~D569~~ JUL 17 1997

3. ADDRESS OF THE APPLICANT(S)

STREET 1705 ALVARADO CT

CITY LONGWOOD FL

STATE & ZIP FL 32779

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 DERRIN L GRAUENMIER

ADDRESS 1705 ALVARADO CT  
LONGWOOD FL 32779

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  
07196 JUL 17 97  
FPSC-RECORDS/REPORTING

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

NAME: DERRIN GRAVENMISER

TITLE: PRESIDENT

PHONE: 407 865 5793

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.

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

{ X }  
{ X }  
{ X }  
{ X }  
{ X }

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 10

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 }

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

YES

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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 25-24.515(14), F.A.C.)

YES

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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.

*Dennis J. Kavanagh, President*  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 7-15-97

# State of Florida



Department of State

I certify from the records of this office that SUN DIAL PHONE CO. is a corporation organized under the laws of the State of Florida, filed on July 10, 1997.

The document number of this corporation is P97000060223.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1997, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

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



CR2EO22 (2-95)



Sandra B. Northam  
Secretary of State



970899-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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BY DERRIN LEE GRAUENMIER

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS DEPOSIT DATE  
SUN DIAL PHONE CO. D589 JUL 17 1997

TWO WORDS

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CITY LONGWOOD FL  
STATE & ZIP FL 32779

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NAME DERRIN L GRAUENMIER  
ADDRESS 1705 ALVARADO CT  
LONGWOOD FL 32779

DERRIN GRAUENMIER INVESTMENTS  
1705 ALVARADO CT.  
LONGWOOD, FL 32779  
PH. (407) 865-5793

2228

PAY TO THE ORDER OF FL Public Service Commission 7-15 1997 \$ 100.00

One hundred and 00/100

DOLLARS

 First Union National Bank of Florida Winter Park, Florida 24 Hour Information Service 1-800-735-1012

FOR \_\_\_\_\_

DOCUMENT NUMBER-DATE  
95-11175

RECORDS/REPORTING