

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT DEPOSIT DATE
 Douglas Arthur Lawrence D579 JUL 30 1997
2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS 970985-TC
D.A. Lawrence Communications Company
3. ADDRESS OF THE APPLICANT(S)
 STREET 7 Island Park Place #401
 CITY Dunedin, FL
 STATE & ZIP Florida 34698
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 incorporate 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.

DOCUMENT NUMBER DATE
07702 JUL 30 97
 FPSC-RECORDS/REPORTING

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

NAME: Mr. Douglas A. Lawrence

TITLE: President of Company

PHONE: 813-738-1480

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

N/A

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

N/A

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

N/A

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

N/A

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.

N/A

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[X]
LONG DISTANCE	[X]
COIN	[X]
CALLING CARD	[X]
CREDIT CARD	[X]
OTHER, DESCRIBE	

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	[X]
FULL-TIME TECHNICIAN	[]
PART-TIME TECHNICIAN	[]
SERVICE/REPAIR/MAINTENANCE CONTRACT	[X]
OTHER, DESCRIBE	

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

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

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Douglas Arthur Lawrence

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

Signature *Douglas A. Lawrence*

Title President

Date June 12, 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.

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: June 13, 1997

State of Florida



Department of State

I certify from the records of this office that D.A. LAWRENCE COMMUNICATIONS CO. is a Fictitious Name registered with the Department of State on July 17, 1997.

The Registration Number of this Fictitious Name is G97198000232.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

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



CR2EO22 (2-95)

Sandra B. Northam
Secretary of State

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NAME _____
 ADDRESS _____



SAVINGS OF AMERICA
A Division of Home Savings of America, Inc.

BANK CHECK

Date 06/12/97

Pay to the Order of 25749 U.S. Highway 19 North Clearwater FL 34623

FLORIDA PUBLIC SERVICE COMMISSION

The Sum of ONE HUNDRED AND 00/100 DOLLARS

RE: DOUGLAS A LAWRENCE

Issued By Integrated Payment Systems Inc.
To Clearing (New York State) Buffalo, N.Y.

294 Clearwater

BY [Signature]
ALTHEA B. [Signature]
 AGENT FOR INTEGRATED PAYMENT SYSTEMS INC.