

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT

DATE

1. LEGAL NAME OF THE APPLICANT

D607

SEP 05 1997

DAVID W. LOOP

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

LOOP'S NURSERY & GREENHOUSES, INC.

971169-TC

3. ADDRESS OF THE APPLICANT(S)

STREET 2568 OLD MIDDLEBURG RD

CITY JACKSONVILLE

STATE & ZIP FLA. 32210

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: [x]

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.

APPLICANT ACKNOWLEDGEMENT CARD

Applicant DAVID W. LOOP

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 VICE PRESIDENT

Date 9/2/97

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.

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$999 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northman
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 371341 (9)

1. Corporation Name
LOOP'S NURSERY & GREENHOUSES, INC.



Principal Place of Business
**2588 OLD MIDDLEBURG ROAD
 JACKSONVILLE FL 32210**

Mailing Address
**2588 OLD MIDDLEBURG ROAD
 JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/16/1970** 3a. Date of Last Fee **03/20/1996**

4. FEI Number **50-1256030** Apt. No.

5. Certificate of Status Desired \$8.75 A Fee Per

6. Election Campaign Financing Trust Fund Contribution \$5.00 Added to

8. This corporation owes or has paid the current year into Personal Property Tax due June 30 Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent

**LOOP, CARL B. JR.
 3570 JOSE TERRACE
 JACKSONVILLE, FLORIDA
 32210**

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83. City
 84. State **FL** 85. Zip

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as its agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when replacing

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE VD <input type="checkbox"/> DELETE NAME LOOP, DAVID WAYNE STREET ADDRESS 3805 BETTES CIRCLE CITY - ST - ZIP JACKSONVILLE, FL 00000	1.1 TITLE <input type="checkbox"/> Change 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE S <input type="checkbox"/> DELETE NAME LOOP, RUTH FORBES STREET ADDRESS 3530 SILVERY LN CITY - ST - ZIP JACKSONVILLE, FL 00000	2.1 TITLE <input type="checkbox"/> Change 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE D <input type="checkbox"/> DELETE NAME SWEAT, JUDIE A STREET ADDRESS RT 1 BOX 287 CITY - ST - ZIP MACLENNY, FL 00000	3.1 TITLE <input type="checkbox"/> Change 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE PD <input type="checkbox"/> DELETE NAME LOOP, CARL B. JR STREET ADDRESS 3530 SILVERY LN CITY - ST - ZIP JACKSONVILLE, FL 00000	4.1 TITLE <input type="checkbox"/> Change 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE <input type="checkbox"/> Change 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE <input type="checkbox"/> Change 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(x), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made up by me. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my signature is in accordance with an address.

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

NAME: DAVID W. LOOP
TITLE: VICE PRESIDENT
PHONE: 904-772-0880

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.

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

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 3

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY	[]
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+O, 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.



(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 9/2/97

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SEP 05 1997

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NAME

LOOP'S NURSERY & GREENHOUSES, INC.

2568 OLD MIDDLEBURG ROAD
JACKSONVILLE, FLORIDA 32210

AMERICAN NATIONAL BANK OF FLORIDA
JACKSONVILLE, FLORIDA 32247-0129

8834

***** One Hundred & 00/100 Dollars

PAY TO THE ORDER OF:

DATE

AMOUNT

09/02/97

*****100.00

FLA PUBLIC SERVICE COMM.
GUNTER BLDG-CAPITAL CIR.
2540 SHUMARK OAK BLVD.
TALLAHASSEE, FL 32399-0850

