

WIGGINS & VILLAGORTA, P.A.

ATTORNEYS AT LAW

501 EAST TENNESSEE STREET
POST OFFICE DRAWER 1657
TALLAHASSEE, FLORIDA 32302

TELEPHONE (850) 222-1534
TELECOPIER (850) 222-1689

ORIGINAL

October 29, 1997

971429-TC

VIA HAND DELIVERY

Ms. Blanca Bayo
Director of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399

Check received with filing and
forwarded to Fiscal for deposit.
Fiscal to forward a copy of check
to RAR with proof of deposit.

Initials of person who forwarded check:
AJ

Re: Talton Invision, Inc.

Dear Ms. Bayo:

Enclosed for filing are the original and six (6) copies of
Talton Invision, Inc.'s Application Form for Authority to Provide
Interexchange Telecommunications Service Within the State of
Florida, along with the \$250.00 filing fee.

Also enclosed are the original and five (5) copies of Talton
Invision, Inc.'s Florida Pay Telephone Certificate Application,
along with the \$100.00 filing fee.

Thank you for your assistance in this matter.

Sincerely,

Patrick K. Wiggins
Patrick K. Wiggins

- ACK
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTP _____
- EAT _____
- LT _____
- L _____
- C _____
- RL _____
- SEC _____
- W _____
- OTH _____

PKW:plk
Enclosures

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE

11177 OCT 29 97

FPSC-RECORDS/REPORTING

ORIGINAL

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT 971429-TC
Talton Invision, Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
Talton Invision, Inc.

3. ADDRESS OF THE APPLICANT(S)
STREET 611 SW Third
CITY Lee's Summit
STATE & ZIP Missouri 64064-2212

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. F97000004630

NAME Corporation Service Company

ADDRESS 1201 Hays Street

Tallahassee, Florida 32301-2525

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
11177 OCT 29 5
FPSC-RECORDS/REPORTING

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

NAME: Patrick K. Wiggins

TITLE: Attorney

PHONE: (904) 222-1534

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 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.

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 INCOMPETENT, 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 | [] |
| LONG DISTANCE | [] |
| COIN | [] |
| CALLING CARD | [] |
| CREDIT CARD | [] |
| OTHER, DESCRIBE | [x] <u>Inmate</u> |

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 100

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

| | |
|-------------------------------------|-----|
| PERSONALLY | [] |
| FULL-TIME TECHNICIAN | [x] |
| 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, except where such pay telephones are in correctional facilities.

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, where such pay telephones are accessible to the public as contemplated under the A.D.A.

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: 10-28-97

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Talton Invision, Inc.

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

Signature *John R. Summers* - John R. Summers

Title *Vice President*

Date *10-28-97*

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.

WIGGINS & VILLACORTA, P.A.

ATTORNEYS AT LAW
501 EAST TENNESSEE STREET
POST OFFICE DRAWER 1657
TALLAHASSEE, FLORIDA 32302

TELEPHONE (850) 222-1534
TELECOPIER (850) 222-1689

DEPOSIT

DATE

D644

OCT 30 1997

October 29, 1997

9:1429-TI

VIA HAND DELIVERY

Ms. Blanca Bayo
Director of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399

Re: Talton Invision, Inc.

Dear Ms. Bayo:

Enclosed for filing are the original and six (6) copies of Talton Invision, Inc.'s Application Form for Authority to Provide Interexchange Telecommunications Service Within the State of Florida, along with the \$250.00 filing fee.

Also enclosed are the original and five (5) copies of Talton Invision, Inc.'s Florida Pay Telephone Certificate Application, along with the \$100.00 filing fee.

Thank you for your assistance in this matter.

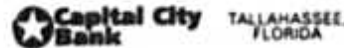
Sincerely,

Patricia Wiggins

*check 500 filing fee for
Interexchange - 250.00
Pay to phone - 100.00*

FOR SECURITY PURPOSES, THE BORDER OF THIS DOCUMENT CONTAINS MICROPRINTING

WIGGINS & VILLACORTA, P.A.
POST OFFICE DRAWER 1657
TALLAHASSEE, FL 32302-1657
PHONE (850) 222-1534



8810

10/29/97

PAY TO THE ORDER OF FL Public Service Commission \$ **350.00

Three Hundred Fifty and 00/100***** DOLLARS

FL Public Service Commission

Patricia Wiggins

MEMO Talton/573

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ANTI-FORGERY WATERMARK. HOLD AT AN ANGLE TO VIEW

WIGGINS & VILLAGORTA, P.A.

ATTORNEYS AT LAW

501 EAST TENNESSEE STREET
POST OFFICE DRAWER 1657
TALLAHASSEE, FLORIDA 32302

TELEPHONE (850) 222-1534
TELECOPIER (850) 222-1689

DEPOSIT

DATE

D644

OCT 30 1997

October 29, 1997

971429 - TC

VIA HAND DELIVERY

Ms. Blanca Bayo
Director of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399

Re: Talton Invision, Inc.

Dear Ms. Bayo:

Enclosed for filing are the original and six (6) copies of Talton Invision, Inc.'s Application Form for Authority to Provide Interexchange Telecommunications Service Within the State of Florida, along with the \$250.00 filing fee.

Also enclosed are the original and five (5) copies of Talton Invision, Inc.'s Florida Pay Telephone Certificate Application, along with the \$100.00 filing fee.

Thank you for your assistance in this matter.

Sincerely,

Patrick K. Wiggins
Patrick K. Wiggins

Check 501 Filing fee for
Interexchange - \$250.00
Pay Telephone - 100.00

13 check # 8810

PKW:plk
Enclosures

97 OCT 29 1997

MAIL ROOM