

980008-TC

DEPOSIT TREAS. REC. DATE

0681 JAN 02 98 ATTACHMENT B

### FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Edward E. Rocky

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS  
Edward E. Rocky

3. ADDRESS OF THE APPLICANT(S)  
STREET 4145 GARAND LN  
CITY West Palm Beach  
STATE & ZIP CODE FL 33406-2941

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

ated outside of Florida, applicant has authority to a Registered Agent.

EDWARD ROCKEY 12-87 103  
 561-686-4256  
 4145 GARAND LANE  
 WEST PALM BEACH, FL 33406-2941

Dec 29 19 97

Pay to the Order of Public Service Commission \$ 100.00  
One hundred and no Dollars

**NationsBank**  
 NationsBank Advantage

For Payphone Cert. Edward E. Rocky

DOCUMENT NUMBER-DATE

00027 JAN-28

FPSC-RECORDS/REPORTING

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

**D. DOING BUSINESS UNDER A FICTITIOUS NAME: ( )**

**DOCUMENTATION:** Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office.

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

NAME: Edward E. Rocky  
TITLE: OWNER  
PHONE: 561-712-9980

**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 CANCELED PAY TELEPHONE CERTIFICATES.**

NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.**

\_\_\_\_\_

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DEPOSIT TREAS. REC. DATE

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**FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION**

1. LEGAL NAME OF THE APPLICANT Edward E. Rockety

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS \_\_\_\_\_  
Edward E. Rockety

3. ADDRESS OF THE APPLICANT(S)  
STREET 4145 GARAND LN  
CITY West Palm Beach  
STATE & ZIP CODE FL 33406-2941

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 \_\_\_\_\_

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

ADDRESS \_\_\_\_\_

D. DOING BUSINESS UNDER A FICTITIOUS NAME: ( )

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

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

NAME: Edward E. Rocky

TITLE: OWNER

PHONE: 561-712-9980

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 CANCELED PAY TELEPHONE CERTIFICATES.

NO

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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: \_\_\_\_\_

15

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 IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

Yes

## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (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. 837.08, 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: \_\_\_\_\_

12/16/97