

DEPOSIT

DATE

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JAN 27 1993

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

980138-TC

1. LEGAL NAME OF THE APPLICANT SMBR INC.

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

SMBR INC.

3. ADDRESS OF THE APPLICANT(S)

STREET P.O. Box 1075

CITY THOMASVILLE

STATE & ZIP CODE GEORGIA 31799

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 \_\_\_\_\_

# 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: ROBERT F. SMITH

TITLE: PRESIDENT

PHONE: (912) 227-0066

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

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

GEORGIA

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

GEORGIA

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 INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

NONE

# 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: 20

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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**APPLICANT ACKNOWLEDGMENT FORM**

Applicant SMBR. 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: Robert F. Smith III

Title: President

Date: \_\_\_\_\_

**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.**

Meeting of the Board of Directors of SMBR, Inc. on January 22, 1998.

A meeting was held of the Board of Directors of SMBR, Inc. for the purpose of approving the Company to enter into Florida. Approval was unanimously given for the Company to use the name of SMBR of Georgia, Inc. in Florida as the official name.

The meeting was adjourned.

  
\_\_\_\_\_  
Corporate Secretary

FILED  
SECRETARY OF STATE  
98 JAN 27 PM 1:53

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.

Robert F. Smith III

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 1/27/98





**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

January 27, 1998

SMBR INC  
225 E JEFFERSON ST.  
THOAMSVILLE, GA 31792

Qualification documents for SMBR, INC. doing business in Florida as SMBR OF GEORGIA, INC. were filed on January 27, 1998 and assigned document number F9800000483. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 487-6091, the Foreign Qualification/Tax Lien Section.

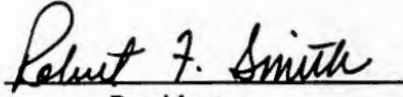
Michael Mays  
Document Specialist  
Division of Corporations

Letter Number: 498A00004571

98 JAN 27 PM 3:09  
MAIL ROOM

Corporate Resolution of SMBR, Inc.

The Board of Directors of SMBR, Inc., a Georgia Corporation, hereby resolve that the officers of the corporation are hereby authorized to use the name of SMBR of Georgia, Inc. in the state of Florida.

  
President

  
Secretary

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JAN 27 PM 1:53

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SMBR. INCORPORATED  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. GEORGIA 3. 58-2291965  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/06/1997 5. Per Petual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))

7. SMBR. INC.

225 E. JEFFERSON ST. THOMASVILLE, GA. 31792  
(Current mailing address)

8. Pay Phone Provider  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box ~~NOT~~ acceptable)

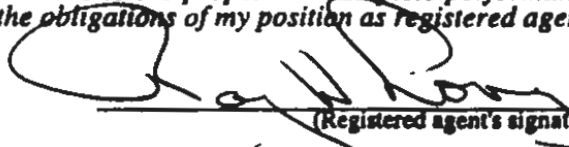
Name: PERKINS & LONG CPAs ATTN: Ray Long

Office Address: 2015 DELTA BOULEVARD Suite 202

TALLAHASSEE, Florida, 32303  
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED  
SECRETARY OF STATE  
98 JAN 27 1:53

12. Names and addresses of officers and/or directors: (Street address ONLY - P. O. Box NOT acceptable)

**A. DIRECTORS (Street address only - P. O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P. O. Box NOT acceptable)**

President: ROBERT F. SMITH III

Address: 7513 METCALF RD.

THOMASVILLE, GA. 31792

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: ROY H. LONG

Address: 939 SOUTH BROAD Street

THOMASVILLE, GA. 31799

Treasurer: SAME AS SECRETARY

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robert F. Smith III  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROBERT F. SMITH III - PRESIDENT  
(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY OF STATE  
98 JAN 27 PM 1:53  
THOMASVILLE, GA.

**Secretary of State**  
**Corporations Division**  
**Suite 315, West Tower**  
**2 Martin Luther King Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 980160810  
CONTROL NUMBER : 9703607  
DATE INC/AUTH/FILED: 01/13/1997  
JURISDICTION : GEORGIA  
PRINT DATE : 01/16/1998  
FORM NUMBER : 211

ROBERT F. SMITH  
225 E. JEFFERSON STREET  
THOMASVILLE GA 31792

**CERTIFICATE OF EXISTENCE**

I, Lewis A. Massey, the Secretary of State of the State of Georgia, certify under the seal of my office that

**SMBR, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

*Lewis A. Massey*  
LEWIS A. MASSEY  
SECRETARY OF STATE



FILED  
SECRETARY OF STATE  
98 JAN 27 PM 1:53

DEPOSIT  
D6 96

DATE  
JAN 27 1993

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

- 1. LEGAL NAME OF THE APPLICANT SMBR, INC.
- 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS  
SMBR, INC.
- 3. ADDRESS OF THE APPLICANT(S)  
STREET P.O. Box 1075  
CITY THOMASVILLE  
STATE & ZIP CODE GEORGIA 31799
- 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)

MARCON LTD.  
MBE 199  
15125 US 19 S.  
THOMASVILLE, GA 31792

1146  
64 812/612  
BRANCH 100

PAY TO THE ORDER OF Public Service Comm.

1/27 19 98  
\$ 100.00

One Hundred & 00/100

DOLLARS

FOR Appl. Fees pay telephone  
FOR Appl. Fees pay telephone

Robert F. Smith