

DEPOSIT

DATE

ATTACHMENT B

D698 • JAN 20 1993

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Burton Robert Kennedy, Sr

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS 7822 N
Lamp Post Lounge, Inc.

3. ADDRESS OF THE APPLICANT(S)
STREET 7822 N. Atlantic Avenue
CITY Cape Canaveral
STATE & ZIP CODE Florida 32920

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 beenfiled 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 _____

REC'D
01571
FEB 1993

65 JUN 30 AM 7:15

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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: Burton Robert Kennedy
TITLE: President / Owner
PHONE: 407-783-1024

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.

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

None

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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.

Not applicable

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

Not applicable

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.

Not applicable

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

- | | |
|-----------------|-------------------------------------|
| LOCAL | <input checked="" type="checkbox"/> |
| LONG DISTANCE | <input checked="" type="checkbox"/> |
| COIN | <input checked="" type="checkbox"/> |
| CALLING CARD | <input checked="" type="checkbox"/> |
| CREDIT CARD | <input checked="" type="checkbox"/> |
| OTHER, DESCRIBE | <input type="checkbox"/> _____ |
-

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

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

- | | |
|-------------------------------------|-------------------------------------|
| PERSONALLY | <input checked="" type="checkbox"/> |
| FULL-TIME TECHNICIAN | <input type="checkbox"/> |
| PART-TIME TECHNICIAN | <input type="checkbox"/> |
| SERVICE/REPAIR/MAINTENANCE CONTRACT | <input type="checkbox"/> |
| OTHER DESCRIBE | <input type="checkbox"/> |
-
-
-

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.)

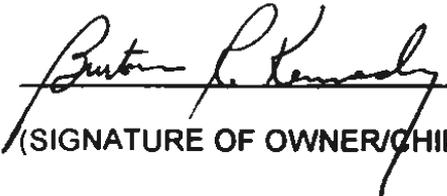
Yes

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

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: 25 Jan 98

APPLICANT ACKNOWLEDGMENT

Applicant Burton L. Kennedy

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

Signature: Burton L. Kennedy
Title: President / Owner
Date: 25 Jan 98

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.

State of Florida



Department of State

I certify from the records of this office that LAMP POST LOUNGE, INC., is a corporation organized under the laws of the State of Florida, filed on May 1, 1972.

The document number of this corporation is 400251.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1994, that its most recent annual report was filed on May 1, 1994, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Fourteenth day of July, 1994



CR2EO22 (2-91)

Jim Smith
Secretary of State

DEPOSIT

DATE

ATTACHMENT B

D698 • JAN 30 1998

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Burton Robert Kennedy, Sr.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

Lamp Post Lounge, Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET 7822 N. Atlantic Avenue

CITY Cape Canaveral

STATE & ZIP CODE Florida 32920

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

RECEIVED
MAIL ROOM
JAN 30 4 7:15

LAMP POST LOUNGE, INC.
PH. 407-783-1024
7822 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920

3492

27 Jan 1998

PAY TO THE ORDER OF

Florida Public Service Commission

\$ 100.⁰⁰

One hundred and 00/100

DOLLARS



First Union National Bank of Florida
Cape Canaveral, Florida
24 Hour Information Service
1 800 735 1012

FOR Pay Phone Certification Application Fee

Burton R Kennedy