

Ms. Brenda Hawkins  
Florida Public Service Commission  
Betty Easley Bldg, c/o Records & Reporting  
2540 Shumard Oak Boulevard  
Capital Circle Office Center  
Tallahassee, Fl 32399-0850

480328-TZ

Dear Ms. Hawkins,

Pursuant to our telephone conversation on this date, please find enclosed the original and two copies of the, Florida Pay Telephone Certificate Application, the original and two copies of the Applicant Acknowledgment, three copies of the fictitious name application and a check made out to the Florida Public Service Commission in the amount of \$100.00 (application fee)

If you have any questions or require any additional information please do not hesitate to contact me at (850) 434-1151. I appreciate your help and look forward to hearing from you about the March 24 commission meeting.

Thanks again  
Sincerely,



Tracy A. Reynolds  
dba The PayPhone Company

RECEIVED  
MAR 24 1998  
COMMUNICATIONS SECTION

DEPT.

DATE

ATTACHMENT B

D721

MAR 04 1993

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Trinity Alliance Telephone Co.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Trinity Alliance Telephone Co.  
dba The Pay Phone Company

3. ADDRESS OF THE APPLICANT(S)  
STREET Pepper Lake Road  
CITY Pepper Lake  
STATE & ZIP CODE FL 32185

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: \_\_\_\_\_

ADDRESS \_\_\_\_\_

02861 MAR -4 93

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

D DOING BUSINESS UNDER A FICTITIOUS NAME

X

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: TRACY REYNOLDS

TITLE: OWNER

PHONE: (850) 434 1151

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

FLA

# 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**

\_\_\_\_\_ *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 \_\_\_\_\_

40 - 800

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.)

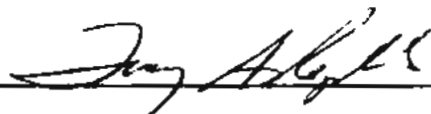
yes

# 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*

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.



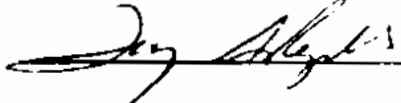
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE 3/3/98

**APPLICANT ACKNOWLEDGMENT**

Applicant Tracy A. Reynolds (aka Tracy Reynolds)

**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: OWNER

Date: 3/3/98

**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.**



# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

1. THE PAY PHONE COMPANY  
Fictitious Name to be Registered

2. P.O. Box 13181  
Mailing Address of Business  
Pensacola FL 32571-3181  
City State Zip Code

3. Florida County of principal place of business: ESCALONIA

4. FEI Number: \_\_\_\_\_

This space for office use only

**A. Owner(s) of Fictitious Name if individual(s): (Use an attachment if necessary):**

1. <u>Reynolds</u> <u>Troy</u> <u>A.</u> Last First MI <u>P.O. Box 13181</u> Address <u>Pensacola</u> <u>FL</u> <u>32571-3181</u> City State Zip Code <u>SSN 244-577-6171</u>	2. <u>Reynolds</u> <u>Phyllis</u> <u>J</u> Last First MI <u>P.O. Box 13181</u> Address <u>Pensacola</u> <u>FL</u> <u>32571-3181</u> City State Zip Code <u>SSN 261-25-2292</u>
---	--

**B. Owner(s) of Fictitious Name if other than an individual: (Use attachment if necessary):**

1. _____ Entity Name _____ Address _____ City State Zip Code Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	2. _____ Entity Name _____ Address _____ City State Zip Code Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
---	---

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 88, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 2/20/98  
Signature of Owner Date  
Phone Number: 850-434-9675

[Signature] 2-20-98  
Signature of Owner Date  
Phone Number: 850-434-9675

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date

\_\_\_\_\_  
Signature of Owner Date

Mark the applicable boxes  Certificate of Status — \$10  Certified Copy — \$30

PLEASE FEEB: 888

Order forms/instruments/furniture will be sent to the address in Section 1.



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

**September 23, 1997**

**BLACKWATER PAYPHONE**  
**10 PELAGIC PLACE**  
**SOPCHOPPY, FL 32358**

**Subject: BLACKWATER PAYPHONE**

**REGISTRATION NUMBER: G97266900143**

This will acknowledge the filing of the above fictitious name registration which was registered on September 23, 1997. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

New Filings Section  
Division of Corporations

Letter No. 797A00047125

**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

- BLACK WATER PAYPHONE  
Fictitious Name to be Registered
- 10 PELAGIC PLACE  
Mailing Address of Business  
SOPCHOPPY FL. 32358  
City State Zip Code
- Florida County of principal place of business: WAKULLA WAKULLA
- FEI Number: \_\_\_\_\_

**FILED**  
97 SEP.23 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

This space for office use only

**A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary):**

1. _____	2. _____
Last First MI	Last First MI
Address	Address
City State Zip Code	City State Zip Code
SS# _____	SS# _____

**B. Owner(s) of Fictitious Name if other than an individual: (Use attachment if necessary):**

1. <u>BLACK WATER PAYPHONE REPAIRS INC.</u> Entity Name	_____
<u>10 PELAGIC PLACE</u> Address	_____
<u>WAKULLA FL. 32358</u> City State Zip Code	_____
Florida Registration Number <u>P97000052411</u>	_____
FEI Number _____	_____
<input checked="" type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 80, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

<u>Montgomery H. [Signature]</u> Signature of Owner	<u>9/23/97</u> Date	_____	_____
Phone Number: <u>850-962-1460</u>	_____	Phone Number	_____

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_ and was assigned registration number \_\_\_\_\_ which was registered on \_\_\_\_\_

Signature of Owner _____	Date _____	Signature of Owner _____	Date _____
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Section 1  
Section 2  
Section 3  
Section 4

DEPOSIT

DATE

ATTACHMENT B

D721 (REV. 10-1-80)

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

- 1. LEGAL NAME OF THE APPLICANT Tracy A Reynolds
- 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Tracy A Reynolds  
dba The Pay Phone Company
- 3. ADDRESS OF THE APPLICANT(S)  
STREET P.O. Box 13181  
CITY Pensacola  
STATE & ZIP CODE FLA 32591-3181
- 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

TRACY A. REYNOLDS OR  
PAMELA J. REYNOLDS  
850-434-5673  
P.O. BOX 13181  
PENSACOLA, FL 32591-3181

33 10 25 177

Pay to the order of Florida Public Service Commission \$ 100.00  
One Hundred dollars & 00/100

**Guipett** 917-824  
100 West Garden Street  
Pensacola, Florida 32504

For Applicant Fee

*Tracy Reynolds*