

YOUNG, VAN ASSENDERP & VARNADOE, P. A.

ATTORNEYS AT LAW

REPLY TO

R. BRUCE ANDERSON
TASHA O. BUFORD
DAVID B. ERWIN
DAVID P. HOPSTETTER*
C. LAURENCE KEESEY
ANDREW I. SOLIS
KENZA VAN ASSENDERP
GEORGE L. VARNADOE
ROY C. YOUNG

*BOARD CERTIFIED REAL ESTATE LAWYER

WILLIAM J. ROBERTS
OF COUNSEL

Tallahassee
March 5, 1998

GALLIE'S HALL
225 SOUTH ADAMS STREET, SUITE 200
POST OFFICE BOX 1833
TALLAHASSEE, FLORIDA 32302 1833
TELEPHONE (904) 222 7206
TELECOPIER (904) 561 6834

SUNTRUST BUILDING
801 LAUREL OAK DRIVE, SUITE 300
POST OFFICE BOX 7907
NAPLES, FLORIDA 34101 7907
TELEPHONE (941) 597 2814
TELECOPIER (941) 597 1060

980344-TC

Ms. Blanca S. Bayo, Director
Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Check received and forwarded
forwarded per [unclear]
Filed to [unclear]
to RAR with proof of deposit.

Initials of person who forwarded check:
CLJ

Subject: Application of Arrow Communications, Inc., for a Pay Telephone Certificate -
Docket No. 98-0344-TC

Dear Ms. Bayo:

Enclosed please find the original plus two copies of the application of Arrow Communications, Inc., for a Pay Telephone Certificate. Also enclosed is the filing fee check in the amount of \$100.00 made payable to the Florida Public Service Commission.

As stated in item 7 of the application, Arrow Communications, Inc., previously possessed Certificate No. 4939, but since such certificates are not transferable, Certificate No. 4939 was canceled by Order No. PSC-97-0891-FOF-TP Docket No. 970553-TP, approving transfer of the stock of Arrow Communications, Inc.

The transfer has been completed, and Arrow Communications, Inc., is filing this application so it can once again have authority to provide pay telephone service.

DOCUMENT NUMBER DATE

02929 MAR-5 98

FILED IN [unclear] [unclear]

Ms. Blanca S. Bayo, Director

Page 2

March 5, 1998

Contemporaneously with the filing of this application, Arrow Communications, Inc., is submitting a check in the amount of \$103.00 to pay for all regulatory assessment fees, including penalties and interest, due for past operations under Certificate No. 4939.

If there are any questions about this application, please call the undersigned.

Sincerely,

A handwritten signature in black ink, appearing to read "David B. Erwin". The signature is written in a cursive style with a long horizontal flourish at the end.

David B. Erwin

DBE:pld

**cc: Robert M. Post, Jr.
James P. McGinn**

tlh/bayo.M5(2)

PLEASE READ!!!

FLORIDA PUBLIC SERVICE COMMISSION
Info on the enclosed Application Form
Certificate to Provide Pay Telephone Service
Within the State of Florida

- ◆ **The attached application form is used for an original application for a certificate to provide pay telephone service within the State of Florida**
- ◆ **The completed application plus two copies and a \$100 non-refundable application fee, along with the enclosed Applicant Acknowledgment Card has to be submitted before the processing will begin.**
- ◆ **If the answer to question #2 on the application is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.**
- ◆ **Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.**
- ◆ **When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.**
- ◆ **Use a separate sheet for each answer which will not fit the allotted space.**
- ◆ **If you have any questions about completing the form, contact the Certification Section at (850) 413-6556**
- ◆ **Once completed, the original plus two (2) copies of the attached application, along with \$100 application fee, are to be submitted to**

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

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT ARROW COMMUNICATIONS, INC.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

ARROW COMMUNICATIONS, INC.

3. ADDRESS OF THE APPLICANT(S)

STREET 16001 S.W. Market Street

CITY Indiantown

STATE & ZIP CODE Florida 34956

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: Corporate Charter FV23126

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 See Attachment A.

NAME: Robert M. Post, Jr.

ADDRESS 16001 Market Street

Indiantown, FL 34956

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. Applicant has authority to engage in business under the fictitious name of Indiantown Telephone Long Distance Company, but will operate its pay telephone business under its corporate name.

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

NAME: ROBERT M. POST, JR.

TITLE: Director

PHONE: (561) 597-3113

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

Yes.

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

The applicant was granted Certificate No. 4939. Since such certificates are not transferable, the certificate was cancelled by Order No. PSC-97-0891-FOF-TP, Docket No. 970553-TP, when the stock of the applicant was transferred.

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 other than this application.

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.

Yes, for failure to pay the regulatory assessment fee in a timely manner.

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	<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 25

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

PERSONALLY	<input type="checkbox"/>
FULL-TIME TECHNICIAN	<input type="checkbox"/>
PART-TIME TECHNICIAN	<input type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input checked="" 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: 8-19-98

APPLICANT ACKNOWLEDGMENT

Applicant ARROW COMMUNICATIONS, 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: 

Title: President

Date: 2-19-98

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.