

Amended Application
T.V. 3-12-98

Sent 3/4/98
for processing
ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT MAIL ROOM
Timothy L. Vetromile *780-346-70*

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

Timothy Vetromile Enterprises
T.V. 3-12-98

3. ADDRESS OF THE APPLICANT(S)
STREET 3903 W. Kensington Ave.
CITY Tampa
STATE & ZIP CODE Florida 33629

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: N/A

ADDRESS _____

CALL
LEG
SEC
Org JKFL
By Nonnye