

980637-TC

DEPOSIT DATE
D773 MAY 11 1998

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT CARL JULIAN WHEELER JR.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

C & A COMMUNICATIONS

3. ADDRESS OF THE APPLICANT(S)
STREET 4010 W. EUCLID AVE.
CITY TAMPA
STATE & ZIP CODE FLORIDA 33629-8528

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 _____

State of Florida



Department of State

I certify from the records of this office that C & A COMMUNICATION is a Fictitious Name registered with the Department of State on March 27, 1998.

The Registration Number of this Fictitious Name is G98086000137.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirtieth day of March, 1998



CR2EO22 (2-95)

A handwritten signature in cursive script, reading "Sandra B. Northam".

Sandra B. Northam
Secretary of State

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: CARL J. WHEELER

TITLE: OWNER

PHONE: (813) 839-3068

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.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

FLORIDA

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

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

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 type="checkbox"/>
OTHER, DESCRIBE	<input type="checkbox"/> _____

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 7 NOW, AFTER

6 MONTHS IF PROFITABLE, 7 MORE

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: 5/5/98

APPLICANT ACKNOWLEDGMENT

Applicant CARL J. WHEELER

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

Signature: Carl J. Wheeler

Title: OWNER

Date: 5/5/98

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.

40. Does your business include sales finalized by written agreements that do not require recording by the Clerk of the Court, but do require documentary stamps to be affixed? Yes No
If yes, answer the questions in this block.
41. Is this application being completed to register your first location to collect documentary stamp tax? Yes No
If no, and this application is for additional locations, please list name and address of each additional location. _____
42. Do you anticipate five or more taxable transactions per month? Yes No
43. Do you anticipate your average monthly tax remittance to be less than \$80 a month? Yes No

44. **Owner, Partner, Officer Information** List the primary owner or corporate officer first. Enter the name, social security number, home address, and telephone number of the owners, partners, or corporate officers. This application will not be processed without this information.

Name and Title	Social Security Number	Home Address	Telephone Number
OWNER CARL J. WHEELER JR		4010 W. EUCLID AVE. TAMPA, FLA. 33629-8528	813-839-3068
CO-OWNER ALICE L. WHEELER		SAME AS ABOVE	
	- -		- -
	- -		- -

45. **Business or Personal Banking Information:** Personal account Business account
- SUN TRUST BANK, TAMPA BAY Account number where tax will be deposited
- Bank name
- 3863 S. DALE MABRY TAMPA FLORIDA 33611
- Bank street address City State ZIP

46. Is your business location rented? Yes No
If yes, provide the following information:
- Landlord or Owner's Name: _____
- Address: _____
- City/State/ZIP: _____
- Telephone Number: _____

Applicant Signature—This Application Cannot Be Processed If Not Signed by the Applicant

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

Carl J. Wheeler 5/5/98
Signature of the business or real property owner, partner, or principal corporate officer Date application signed

CARL J. WHEELER OWNER
Print or type the name signed above Title of signatory

Please note that any person (including employees, corporate directors, corporate officers, etc.) who is required to collect, truthfully account for, and pay any sales taxes and willfully fails to do so shall be liable for penalties under the provisions of §213.29, Florida Statutes. All information provided by the applicant is confidential as provided in §213.053, and is not subject to Florida Public Records Law (§119.07, Florida Statutes).

NOTE: After signing, mail completed application and applicable registration fee (DO NOT SEND CASH) to
FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE ST, TALLAHASSEE, FL 32399-0100.

FOR DOR OFFICE USE ONLY

Documentary Stamp Tax

Gross Receipts Tax

MO QU SA

I. Reason for filing this Application:



A. This application is for (check all that apply):

- Sales Tax (collecting tax on sales of merchandise/services) — Fee is \$5.00
- Use Tax (only paying tax on items purchased tax-free that are used in your business) — No fee
- Gross Receipts Tax (Telecommunications and Utilities) — No fee
- Documentary Stamp Tax — No fee
- Dry-cleaning Sales Tax on Gross Receipts — Fee is \$30.00

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
98 MAY -6 PM 12:28
MAIL ROOM

B. This is for a (check one):

- New business — If so, is this your first time doing business in Florida? Yes No
- Additional location
- Change of:
 - Ownership
 - Legal Entity or
 - County Location; as of (enter date: MM-DD-YYYY)

List old Sales and Use Tax Registration Number

C. If this is a seasonal business, list your active business months. Opening month: _____ Closing month: _____

2. Beginning of Business Activity:

Month JUNE Day 1ST Year 1998

Date this business location became or will become liable to collect and remit Florida sales and use tax. If you have been in business for more than 30 days prior to registering, visit your nearest Department of Revenue service center immediately to settle your tax liability. Do not use incorporation date unless that is the date your business became liable for the tax. For rental property, report the date the location became taxable as a result of the tenant occupying the unit.

BUSINESS INFORMATION

** PLEASE TYPE OR PRINT CLEARLY **

3. Business Name: business, trade, or fictitious (d/b/a) name. <u>C & A COMMUNICATIONS</u>		Business Telephone: <u>(813) 831-5275</u>	
4. Owner Name: legal name of individual, principal partner, or corporation. <u>CARL JULIAN WHEELER JR.</u>		Owner Telephone: <u>(813) 839-3068</u>	
5. Business Location: complete physical address of business or real property. Home-based businesses and flea market/craft show vendors must use their home address. A post office box or rural route number is <u>not acceptable</u> . <u>4010 W. EUCLID AVE.</u>		FAX #:	
City/State/ZIP: <u>TAMPA, FLORIDA 33629-8528</u>		Is business located within city limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Mail to the Attention of: <u>CARL WHEELER</u>		Agent's Telephone:	
Address: address where you want us to mail your tax forms and correspondence. If an agent will be receiving the rent, place the agent's business address in this section. <u>4010 W. EUCLID AVE.</u>			
City/State/ZIP: <u>TAMPA, FLORIDA 33629-8528</u>		County: <u>HILLSBOROUGH</u>	
Would you like to receive correspondence via e-mail? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	E-mail address:	Website URL:	

7. If you have a Consolidated Sales Tax Number and want to link this business location, please complete the following:

(Does not apply to documentary stamp tax applicants)

80

Consolidated registration name on record with the Florida Department of Revenue.

(Consolidated Sales Tax Number)

If you want to obtain a new consolidated number contact the Department and request Form DR-1CON.

8. Identification Number (If a Federal Employer Identification Number is not required for the entity, the Social Security Number of the owner will be accepted. This number is required for purposes of identification in order to properly administer the tax laws of Florida. Pursuant to federal law, this number will not be disclosed to any other party.)

FEIN SSN

If you do not have an FEIN, is it applied for not required? To apply for an FEIN, call the IRS at 1-800-829-1040.

FOR DOR OFFICE USE ONLY

MO QU SA AN SE	SIC	Kind Code	Sales and Use Tax #	DOR Office Code
 	 	 	 	

SOLID WASTE

Page 3

23. Do you sell tires or batteries or rent/lease motor vehicles to others? Yes No
- If yes, answer the questions in this block.**
24. Do you make retail sales of new tires for motorized vehicles (either separately or as a part of a vehicle)? Yes No
25. Do you make retail sales of new, used, or remanufactured lead-acid batteries sold separately or as a component part of another product? Yes No
26. Are you in the business of renting or leasing motor vehicles that transport less than nine passengers to individuals or businesses? Yes No

DRY CLEANING

27. Do you own or operate a dry-cleaning plant in Florida? Yes No
- If yes, answer the questions in this block.**
28. Do you use perchloroethylene in the dry-cleaning process? Yes No
- If you use perchloroethylene, enclose \$30 dry-cleaning registration fee.**
29. Do you produce or import perchloroethylene? Yes No
- If yes, complete an Application for Florida License to Produce or Import Taxable Pollutants (Form DR-166).

MOTOR FUEL

30. Do you sell any type of fuel or use off-road diesel fuel? Yes No
- If yes, answer the questions in this block.**
31. Do you (or will you) make retail sales of gasoline, diesel fuel, or aviation fuel at posted retail prices? Yes No
- If yes to # 31, do you expect the sales of diesel fuel (as measured in gallons) to exceed the sales of gasoline? Yes No
- If yes to # 31, does this business exist as a marina? Yes No
- If yes to # 31, what is your seven (7) digit Florida Department of Environmental Protection Facility Registration Number for this location? _____
32. Do you use diesel fuel for non-highway purposes? Yes No

CONTRACTORS

33. Are you a contractor who improves real property? Yes No
- If yes, answer the questions in this block.**
- Do you most frequently operate as a prime contractor sub contractor? List the type of construction you perform (building, painting, electrical, etc.) _____
34. Do you operate under formal written contracts? Yes No
- If yes, what type of contracts do you operate under? Lump Sum, Cost Plus, Fixed Fee, and Other, please explain _____
35. Do you purchase any materials or supplies from vendors located outside of Florida? Yes No
36. Does your company have a current occupational license in any Florida county? Yes No
- If yes, please list all the counties in which you are licensed and the corresponding license numbers _____
37. Do you fabricate/manufacture any building components at a location other than contract sites? Yes No

TELECOMMUNICATION/ENERGY

38. Do you provide telecommunication services, electrical power, or gas? Yes No
- If yes, answer the questions in this block.**
- Do you sell:
- a. Electrical power Yes No
- b. Natural or manufactured gas Yes No
- c. Pay phone service Yes No
- d. 2-way cable television service Yes No
- e. Telex, telegram, teletype service Yes No
- f. Cellular or pagers service Yes No
- g. Long distance (inter-exchange service) Yes No
- h. Shared tenant utility service Yes No
- i. Telephone service (local exchange) Yes No
- j. Alternative access vendor service Yes No
- k. Other telecommunication services (By-Pass provider, etc.) Yes No
- Describe _____
39. Do you provide billing services to telecommunication service providers? Yes No

** PLEASE TYPE OR PRINT CLEARLY **

9a. Type of Organization - Check one box to enter the type of business. Listed are the definitions of business types:

Corporation - A legal entity created by or under the authority of the laws of a state.

Partnership - Two or more persons or entities that have entered into a voluntary contract.

Trust - A legal entity created by a grantor for the benefit of designated beneficiaries under the laws of the state and the valid trust instrument.

Sole Proprietorship - An individual or individual and spouse.

Professional Association - Any group of professional people organized to practice their profession together.

Other - Any other type of business entity. Please write in (e.g., government, civic organization).

Corporation Partnership Trust Sole Proprietorship Professional Association

Other (explain) _____

9b. If corporation or partnership, provide fiscal year ending date / /
M M D D

9c. Are you an entity required to be registered with the Division of Corporations of the Florida Department of State? - Yes No

If yes, provide your document/registration number: G 98086000137

If your corporation is not registered, you must attach a copy of your Articles of Incorporation as filed with the regulating authority in your state.

NATURE OF BUSINESS ACTIVITY

10. Describe your major (more than 50%) business activities that will be subject to tax (please be specific): OWNER OF PAY-TELEPHONES, I WILL BE COLLECTING COINS AND DOING REPAIRS.

NOTE: Documentary stamp tax applicants should skip to question 40. All others must continue with question 11.

11. What are the products you purchase for resale to your customers or to be included in a finished product you manufacture? _____

12. What are your estimated annual receipts from taxable sales and/or rentals?

(check one) \$1,700 or less between \$8,000 and \$16,000 \$800,000 - up
 between \$1,700 and \$8,000 between \$16,000 and \$800,000 unable to estimate

13. Do you sell merchandise? Yes No

Wholesale (selling for resale purposes)? Yes No

Retail (selling to consumers)? Yes No

14. Do you rent living or sleeping accommodations for 6 months or less to individuals or businesses? Yes No

(This includes hotels, motels, time-shares, condominiums, apartments, and trailer parks.)

15. Do you rent commercial real property to individuals or businesses? Yes No

16. Do you charge admission or membership fees? Yes No

17. Do you rent equipment or other tangible personal property to individuals or businesses? Yes No

18. Do you provide any of the following services?

Pest control for nonresidential buildings Yes No

Cleaning for nonresidential buildings Yes No

Detective Yes No

Protection Yes No

Security alarm system monitoring Yes No

AMUSEMENT/VENDING

19. Do you generate sales and remove receipts from vending machines? Yes No

If yes, answer the questions in this block.

Food/Beverage vending machines? Yes No

Vending machines for other products? Yes No

20. Do you sell food or beverages wholesale to vending machine operators? Yes No

21a. Are coin-operated amusement machines being operated at your business location? Yes No

21b. Do you have a written agreement that requires someone else to obtain

Amusement Machines Certificates for all of the machines? Yes No

22a. Do you have a written agreement that specifies who is responsible for obtaining Amusement Machines Certificates? Yes No

22b. Do you have a written agreement that requires you to obtain

Amusement Machines Certificates for any of the machines? Yes No

You must complete an Application for Amusement Machines Certificate (Form DR-18) if:

• you answered NO to Question 21b and have amusement machines on your business location

OR

• you answered YES to Question 22b and lease amusement machines.

DEPOSIT

DATE

980537-TC

D773

MAY 11 1998

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

C & A COMMUNICATIONS

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CIT: TAMPA

STATE & ZIP CODE FLORIDA 33629-8528

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C & A COMMUNICATION 04-08-98
Ph 813-831-5275
P O Box 13443
Tampa, Fl 33681-3443

0107

Date MAY 8, 1998

Pay to the Order of FL. PUBLIC SERVICE COMMISSION \$ 100.00

ONE HUNDRED AND 00/100 Dollars

SUNTRUST

For APPLICATION FEE

Carl J. Wheeler

DOCUMENT NUMBER-DATE
05254 MAY 11 98
FPSC-RECORDS/REPORTING