

**CAPITAL SERVICES EXCHANGE**  
706 Radcliffe Avenue  
Lynn Haven, FL 32444-3039

Phone: (850) 271-9873

FAX: (850) 271-9874

May 18, 1998

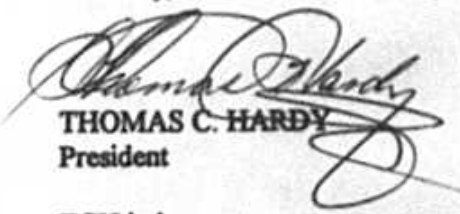
Florida Public Service Commission  
Gunter Building, 2540 Shumard Oak Blvd.  
Capital Circle Office Center  
Tallahassee, FL 32399-0850

DEPOSIT                      DATE  
D778                      MAY 20 1998

986673-TC

Enclosed are the original and two copies of our application for Florida pay telephone certification together with a \$100 check and documentation from the Secretary of State regarding the Fictitious Name under which we will operate.

Sincerely,

  
THOMAS C. HARDY  
President

TCH:jmh

Encl.

MAIL ROOM  
ADMINISTRATION

MAY 20 8 38 AM '98

RECEIVED

DN 05613-98  
5/20/98

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May 18, 1998

Florida Department of State  
Fictitious Name Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subj: Capital Services Exchange

Registration No. G96253000064

This is to notify you of a change of address for the subject company. It has been changed

FROM: 213 W. 6<sup>th</sup> St.  
Panama City, FL 32401-2613

TO: 706 Radcliffe Ave.  
Lynn Haven, FL 32444-3039

All other information remains the same.

Sincerely,

151

THOMAS C. HARDY  
President

TCH:jmh

DOCUMENT NUMBER-DATE

05613 MAY 20 88

FPSC-RECORDS/REPORTING



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

September 10, 1996

**CAPITAL SERVICES EXCHANGE**  
**213 W. 6TH ST.**  
**PANAMA CITY, FL 32401-2613**

**Subject: CAPITAL SERVICES EXCHANGE**

**REGISTRATION NUMBER: G96253000064**

This will acknowledge the filing of the above fictitious name registration which was registered on September 9, 1996. 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 (904) 487-6058.

Fictitious Name Section  
Division of Corporations

Letter No. 096A00042175

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

THOMAS C. HARDY

980673-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

CAPITAL SERVICES EXCHANGE

3. ADDRESS OF THE APPLICANT(S)

STREET 706 RADCLIFFE AVE.

CITY LYNN HAVEN

STATE & ZIP FL 32444-3039

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

D. DOING BUSINESS UNDER A FICTITIOUS NAME: [x]

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

DATE

T181

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# 8 7 7 0

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

NAME: THOMAS C. HARDY

TITLE: OWNER

PHONE: (850) 271-9873

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 CANCELLED PAY TELEPHONE CERTIFICATES.

NO

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

N/A

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\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

- A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

- 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

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\_\_\_\_\_

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

NONE

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9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

NO

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10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[ X ]
LONG DISTANCE	[ X ]
COIN	[ X ]
CALLING CARD	[ X ]
CREDIT CARD	[ X ]
OTHER, DESCRIBE	[ X ]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 20

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

PERSONALLY	[ X ]
FULL-TIME TECHNICIAN	[ ]
PART-TIME TECHNICIAN	[ ]
SERVICE/REPAIR/MAINTENANCE CONTRACT	[ ]
OTHER, DESCRIBE	[ ]

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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

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14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

YES

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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:           MAY 11, 1998



APPLICANT ACKNOWLEDGEMENT CARD

Applicant THOMAS C. HARDY

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 MAY 11, 1998

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.

DEPOSIT

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MAY 20 1998

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NAME

ADDRESS

THOMAS C. OR JANET M. HARDY

1210

706 RADCLIFFE AVE. PH. 850-265-4914  
LYNN HAVEN, FL 32444-3039

5/18 1998

PAY TO THE ORDER OF Florida Public Service Commission \$ 100 <sup>00/100</sup>  
One hundred and no/100 DOLLARS

TYNDALL FEDERAL CREDIT UNION  
PANAMA CITY, FLORIDA 32402-1160

MEMO BY Telephone Service App Fee Janet M Hardy

en registered with

DOCUMENT NUMBER-DATE

05613 MAY 20 98

FPSC-RECORDS/REPORTING