FLORIDA PUBLIC SERVICE COMMISSION CAPITAL CIRCLE OFFICE CENTER - 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FLORIDA 32399-0850

DEPOSIT

DATE PPLICATION FORM

D806

JUL 0 7 1998

for

AUTHORITY TO PROVIDE (ALEC) ALTERNATIVE LOCAL EXCHANGE SERVICE WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

- This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing alternative local exchange certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee.
- Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
- Use a separate sheet for each answer which will not fit the allotted space.
- ♦ If you have questions about completing the form, contact:

Fiorida Public Service Commission Division of Communications Certification & Compliance Section 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0866 (850) 413-6600 MAIL TO 11

Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$250 made payable to the Florida Public Service Commission at the above address.

FORM PSC/CMU 8 (11/95) Required by Chapter 384.337 F.S.

EC 111 1 JUL -7 8 JUL -7 8 JUL -7 8

proval of transfer (to another certificated company) Example, a certificated company purchases an existing company and desires to retain the original certificate authority. proval of assignment of existing certificate a noncertificated company) Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificated. proval for transfer of control (to another certificated company) Example, a company purchases 51% of a certificated
Example, a certificated company purchases an existing company and desires to retain the original certificate authority. proval of assignment of existing certificate a noncertificated company) Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.
Example, a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate. Proval for transfer of control (to another certificated company)
company. The Commission must approve the new controlling entity.
applicant:
L SERVOS
der which the applicant will do business (d/b/e):

	N/A
	•
В.	Florida mailing address including street name, number, post office box, city, state, zip code, and phone number.
102	O SPRUCE DRIVE
BEL	LEAIR BEACH, FL 33786
P.0	. BOX 6434
CLE	ARWATER, FL 33758-6434
_	00-813-9235 cture of organization: √ Check appropriate box(s)
/	
	Individual () Corporation Foreign Corporation () Foreign Partnership
	Foreign Corporation () Foreign Partnership General Partnership () Limited Partnership
	Joint Venture () Other, Please explain
	plicant is an individual, partnership, or joint venture, please give name, and address of each legal entity.
	HAEL SERVOS

		21/2	
		N/A	
	orated, please provint has authority to d	vide proof from the Florida Secretary	of State ti
••	corporate charter n		
	provide the name, ti	tle, address, telephone number, Intern	
facsimile and If di	provide the name, ti number for the pe	tle, address, telephone number, Intern	
facsimile and if di MICHAE	provide the name, ti number for the pe ifferent, the liaison	tie, address, telephone number, Internation serving as ongoing liaison with t	
facsimile and if di MICHAE 1020 S	provide the name, the number for the perifferent, the liaison	tie, address, telephone number, Internation serving as ongoing liaison with the responsible for this application.	

	e applicant been denied certification in any other state? If so, please li se and reason for denial.
	N/A
	enalties been imposed against the applicant in any other state? If s list the state and reason for penalty.
	N/A
Please i	ndicate how a customer can file a service complaint with your compar
	complete and file a price list in accordance with Commission Rule 2 (Rule attached)
	provide all available documentation demonstrating that the applicant having capabilities to provide alternative local exchange service in Florid
A	. Financial capability.
R	legarding the showing of financial capability, the following applies:
	and the control of th

- the balance sheet
- income statement
- 3. statement of retained earnings.

Further, a written explanation, which can include supporting documentation, regarding the following should be provided to show financial capability.

- Please provide documentation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
- 2. Please provide documentation that the applicant has sufficient financial capability to maintain the requested service.
- 3. Please provide documentation that the applicant has sufficient financial capability to meet its lease or ownership chilipations.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

if available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should attest that the financial statements are true and correct.

- B. Managerial capability.
- C. Technical capability.

(If you will be providing local intra-exchange switched telecommunications service, then state how you will provide access to 911 amergency service. If the nature of the emergency 911 service access and funding mechanism is not equivalent to that provided by the local exchange companies in the areas to be served, described in detail the difference.)

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange service in the State of Florida. I have read the foregoing and declare that to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083".

Officia	l:	Signature	JUNE-30-98
Title:	PRES	SIDENT	(8/3) 596-1229
			Telephone Number
,	MICH	IAEL SERVOS	
Addres	IS :	1020 SPRUCE DRIVE	
		BELLEAIR BEACH	
		FLORIDA, 33786	
			

FORM PSC/CMU 8 (11/86) Required by Chapter 364,337 F.S.

.....

MICHAEL SERVOS

TITLE SHEET

FLORIDA TELECOMMUNICATIONS PRICE LIST

This price list contains the descriptions, regulations, service standards, and rates applicable to the furnishing of service and facilities for telecommunications service provided by MICHAEL SERVOS, with offices at 1020 Spruce Dr. Belleair Beach, Fl 33786. This price list is on file with the Florida Public Service Commission, and copies may be inspected during normal business hours, at the Company's principal place of business.

ISSUED: JUNE-30-98

EFFECTIVE

BY: MICHAEL SERVOS 1020 Spruce Dr.

Florida Price List No	ı
Original Sheet	2

MICHAEL SERVOS	
MICHAEL SERVOS	

CHECK SHEET

Sheets 1 through 12 inclusive of this price list are effective as of the date shown at the botton right hand corner of the respective sheet(s). Original and revised sheets, if applicable, are named below and contain all charges from the original price list and are currently in effect as of the effective date shown below

1	Origina
2	Origina
3	Original
4	Origina
5	Origina
6	Original
7	Original
8	Original
9	Original
10	Original
11	Original
12	Original

ISSUED: JUNE-30-98 EFFECTIVE

BY: MICHAEL SERVOS 1020 Spruce Dr.

MICHAEL SERVOS

TABLE OF CONTENTS

Title Sheet	<pre>####################################</pre>	1
Check Sheet		2
Table of Contents		3
Symbol Definitions.		4
Price List Format Sl	nocts	5
Exchange Service L	ist	7
Section 1	Technical Terms and Abbreviations	8
Section 2	Rules and Regulations	9
	Basic Service Descriptions and Rates	

ISSUED: JUNE-30-98

EFFECTIVE.

BY: MICHAEL SERVOS 1020 Spruce Dr.

MICHAEL SERVOS

SYMBOL DEFINITIONS

- D Discontinue or delete
- I Charge resulting in a reduction to a Customer's bill
- M Item has been moved from another location in the price list
- N New
- R Change resulting in a reduction to a Customer's bill
- T Change in text or regulation, but not change in the rate or change

ISSUED: JUNE-30-98 EFFEC IVE.

BY: MICHAEL SERVOS

1020 Spruce Dr.

MICHAEL SERVOS	

PRICE LIST FORMAT SHEETS

- A. Sheet Numbering Sheet numbers appear in the upper right corner of the page Sheets are numbered sequentially. However, new sheets are occasionally added to the price list. When a new sheet is added between sheets 11 and 12 would be 11.1.
- B. Sheet Revision Numbers Revision numbers also appear in the upper right corner of each page. These numbers are used to determine the most current sheet version on file with the FPSC. For example, the 4th Revised Sheet 12. Because of various suspensionperiods, deferrals, etc., the FPSC follows in their price list approval process, the most current sheet number on file with the Commission is not always the price list page in effect. Consult the Check Sheet for the sheet currently in effect.
- C. Paragraph Numbering Sequence There are nine levels of paragraph coding. Each level of coding is subservient to its next higher level.

2. 2.1. 2.1.1.A. 2.1.1.A.1. 2.1.1.A.1.(a). 2.1.1.A.1.(a).i. 2.1.1.A.1.(a).i.(i).

ISSUED: JUNE-30-98 EFFECTIVE

BY: MICHAEL SERVOS 1020 Spruce Dr. Belleair Beach, FL 33786

EFFECTIVE

MICH	AFI.	SFR	VOS

PRICE LIST FORMAT SHEETS

D. Check Sheet - When a price list filling is made with the FPSC an updated updatedcheck sheet accompanies the price list filling. The check sheet list, with a cross-reference to the current revision number. When new pages are added, the check sheet is changed to reflect the revision. All revisions made in a given filing are designated by an asteric (*). There will be no other symbols used on this page if these are the only changes made to it (i.e., the format, etc. remains the same, just revised revision levels on some pages). The price list user should refer to the latest check sheet to fine out if a particular sheet is the most current on file with the FPSC.

ISSUED: JUNE-30-98

BY: MICHAEL SERVOS 1020 Spruce Dr Belleair Beach, FL 33786

гюп	TE Price List No	ı
	Original Sheet	7

MICHAEL SERVOS	

EXCHANGE SERVICE LIST

MICHAEL SERVOS would be providing local telephone service to customers on a statewide basis

ISSUED: JUNE-30-98 EFFECTIVE.

BY: MICHAEL SERVOS 1020 Spruce Dr.

	~		 -		~~
мі	CH	ΔH	HR	v	N

SECTION 1 - TECHNICAL TERMS AND ABBREVIATIONS

1.1 Definitions

COMPANY - MICHAEL SERVOS

CUSTOMER - Any person who is furnished telephone service by the Company. This person is responsible for payment of charges due and compliance with the Company's tariff

en la companya de la companya del companya de la companya del companya de la com

ISSUED JUNE-30-98

EFFECTIVE

BY: MICHAEL SERVOS 1020 Spruce Dr.

MICHAEL SERVOS

SECTION 2 - RULES AND REGULATIONS

2.1 UNDERTAKING of MICHAEL SERVOS

The Company will provide basic telephone service

The Company's services is provided on a monthly basis unless order on a longer term basis, and is available twenty-four hours per day, seven days per week.

The Company will provide 911 emergency servises and will not provide access to operator servises.

2.2 LIMITATIONS

- 2.2.1 Service is offered subject to the availability of the provisions of this tariff
- 2.2.2 MICHAEL SERVOS reserves the right to discontinue furnishing service, or limit the use of service necessitated by conditions beyond its control or when the Customer is using service in violation of the law or the provisions of this tariff
- 2.2.3 The Customer may not transfer or assign the use of Company service, except with the express written consent of the Company.
- 2.2.4 The service is furnished subject to the condition that it will not be used for any unlawful purpose. Service will be discontinued if any law enforcement agency acting within its apparent jurisdiction advises in writing that such service is being used in violation of the law. The Company will refuse to furnish service when it has reasonable grounds to believe that such servise will be used in violation of the law.
- 2.2.5 The Company with written notification giving reason, may either suspend service or terminate the subscriber's service without suspension or following a suspension of service and disconnect the service upon:

ISSUED: JUNE-30-98 EFFECTIVE

BY. MICHAEL SERVOS 1020 Spruce Dr. Belleair Beach, FL 33786

MICHAEL SERVOS

ş.

SECTION 2 - RULES AND REGULATIONS

- 2.2 LIMITATIONS (Continued)
- 2.2.5 (Continued)
 - A. Abandonment of the service
 - B. Impersonation of another with fraudulent intent
 - C. Non-payment of any sum due the Company
 - D. Abuse or fraudulent use of service
- 2.2.6 Prior written permission from the Company is required before any assignment or transfer. All regulations and conditions contained in this tariff shall apply to all such permitted assignees or transferees, as well as all conditions for service
 - 2.3 LIABILITIES of the COMPANY
- 2.3.1 Service irregularities

 MICHAEL SERVOS shall be indemnified and held harmless by the Customer against the following:
 - A. Claims for slander, libel or infringement of copyright arising out of the materials, data, information or other content transmitted over the service
 - B. All other claims arising out of any act or mistakes, interruptions, delays, errors, or defect in the transmission, or failure or defects in the service or omission of the Customer in connection with any service privided by the Company
 - 2.4 DEPOSITS

The Company does not require any deposits from the Customer

ISSUED: JUNE-30-98

LEFFLCTIVE

BY: MICHAEL SERVOS 1020 Spruce Dr.

MICHAEL SERVOS

1

SECTION 2 - RULES AND REGULATIONS

2.5 SERVICE AVAILABILITY 24 hours per day 7 days a week

2.6 TAXES

All local and state taxes are listed as separate line items and are not included in the quoted rates.

2.7 PAYMENT TERMS

Monthly invoices sent to the Customers are due upon receipt and are considered delinquent ten (10) days after receipt by the Customers, and the account may be subject to disconnection. In no case shall service be actually disconnected untill after five days written notice has been given to the Customer.

2.8 RETURNED CHECK FEE

A \$ 25.00 processing fee will be charged if a check for payment of an invoice is dishonored for any reason.

ISSUED: JUNE-30-98 EFFECTIVE

BY: MICHAEL SERVOS 1020 Spruce Dr.

MICHAEL SERVOS

SECTION 3 - BASIC SERVICE DESCRIPTIONS AND RATES

- 3.1 SERVICE OFFERINGS
 MICHAEL SERVOS will be providing "basic" local telephone service to
 Customers as follows:
- 3.2 Providing basic (prepaid dialtone) Residential Local Line (a) \$ 45 00 per month, and a \$ 55 00 installation charge
- 3.3 SERVICES NOT AVAILABLE PREPAID LOCAL SUBSCRIBERS
 - ACCESS TO A LIVE OPERATOR
 - DIRECTORY ASSISTANCE
 - OPERATOR-ASSISTED CALLS
 - ABILITY TO ACCEPT COLLECT CALLS
 - DIRECT DIAL LONG DISTANCE CALLS (this can only be made with a prepaid calling card or an 800-based calling card)

900 CALLS

ISSUED: JUNE-30-98 EFFECTIVE

BY MICHAEL SERVOS 1020 Spruce Dr. Belleair Beach, FL 33786



PERSONAL INFORMATION					DATE AS	OF JU	NE. 30	19 _{0.8}	
MICHAEL SERVOS			NUMBER OF	NUMBER OF DEPENDENTS					
			DATE OF BIRT	DATE OF BUSH					
·		1	_						
RESIDENCE ADDRESS 1020 SPRUC	E DRIVE		BUSINESS OF	ORGANIZATION	- <u> </u>		-		
CITY BELLEAIR BEACH		6 19	BUSINESS PH	ONE					
RESIDENCE PHONE 813-596-1	229		ALATHER CA	OFFICER IN ANY OTHER	BUSINESS				
	SLELY OWNED SSETS NOT JOINTLY OWNE	 D+		nd1	ALL LIABILITIES AND HET ALL LIABILITIES JOHT OF	PROBLEM ROTHERWISE:	_		
CASH ISEE SCHED 11		1 10.00	O NOTES MITAE	LE TO BANKS UNSECURE	ED ISEE SCHED II		5		
U.S. GOVERNMENT SECURITIES				LE TO BANKS SECURED	ISEE SCHED 1)	··· · · ·			
LISTED STOCKS AND BONDS (SEE SCHED 4)			NOTES PAYAB	LE TO OTHERS UNSECU	PAT D		1		
UNLISTED STOCKS AND BONDS ISEE SCHED 4)		 	HOTES PHYAB	LE TO OTHERS SECURED	D				
ACCOUNTS AND LOANS RECEIVABLE (SEE SCHED 2)		3,30	O NOTES MECEN	VABLE DISCOUNTED					
LIFE INSURANCE - CASH VILLE (SEE SCHED 3)		3,30	'' 	ST LIFE INSURANCE (SEE	SCHED 34				
REAL ESTATE ISEE SCHED SI		106.00	MORTGAGEST	PAYABLE ON MEAL ESTATI	E (SEE SCHEN 3)		92,0	000	
AUTOMOBILES		186.00	ACCOUNTS PA	YABLE	 -		1 2/1		
OTHER ASSETS (ITEMZE)			INTEREST PAY				 		
1989 freght tr	actor tra	30,00	O TALES MO AS	SESSMENTS PRYABLE					
1989 HONDA ACC		5,60		T#S		•			
1988 HONDA ACC		5,10			T	OTAL LIABILITIES	92,0	100	
HOUSE FURNITUR		30,00				MET WORTH	178.0		
	ASSETS SOLELY OWNES	1 270,00		101	TAL OF ALL LIABILITIES A	NO MET WORTH	270.0		
ACOUTITIONS IT BREW STRANGUES				SOURCE OF INCOME TOU MEED NOT DISCLOSE INCOME FROM ALMONY CHILD SUPPORT OR MAINTENANCE					
CASH		1	SALARY	PRYMENTS UNLE	ESS YOU WISH IT TO BE CO	MSIDERED AS INCO			
ACCOUNTS MORTGAGES AND LOANS RECEIVABLE		<u> </u>	BONUS AND CO	Maritimat.			84,3	80	
STOCKS AND BONDS			ONTOLNOS				<u> </u>		
REAL ESTATE			REAL ESTATE IN						
U.S. GOVERNMENT SECURITIES	<u> </u>		OTHER INCOME						
AUTOMOBILES		 -	SALARY						
OTHER ASSETS			BONUS AND CO						
— —————			DIVIDENDS						
			REAL ESTATE IN	COM					
1014s .	IDM TEV OWNED ASSETS		OTHER INCOME						
	TOTAL OF ALL ASSETS	1	0.112.000			TOTAL INCOME	84,3	<u></u>	
TAVE YOU EVER TAKEN BANKRUPTCY MADE A COMPOSIT		U A DEFENDANT IN ANY	LEGAL ACTION UR ARE	ERE PUR DI SATUERO			. 04,3	-	
		NOI	NE						
NO YOU HAVE ANY CONTINGENT LIABILITIES AS CO MARE	R GUARANIOR OR ENDO	RSER ON CEASES CONT	MACES HOTES ON FEDE	MAL INCOME TAR LIABRI	FY' FEPLAN				
CHEO. I CASH IN BANKS AND NOTES DUE TO BANKS (L)	ST ALL REAL ESTATE LOA	NOI	NE						
ALCO OF SAME	TYPE OF ACCOUNT	ACCOUNT NO	TYPE OF OWNERSHIP	ON DEPOSIT	MOTES DUE BANKS	COLL	ATERAL PP ANTI	\neg	
AM SOUTH BANK	CHECKING	796502189	4	10,000	l.				
				ļ		-	 .		
			CASH ON HAND	10,000		 			
			101448	10,000	1	ENTER IOTALS	ABOYE		
SKU NO 20-0428 (FLA.)						,			

SCHED & ACCOUNTS, LOAN	O AND HOTES RECEIVED	LE IA LIST QUEEN LAN	GEST AMOUNTS	74mg 19 t	41				<u> </u>	 	
HAME AND ADDED		-	A05 07 0001		DESCRIPTION OF ILL	Punt OF 6587	8630	W710H OF 84	CURTY HELD		DATE PARMENT EXPECTED
COMMERCIAL	LAND ON	25,000	18 YE	ARS	MORGA	GE		LAND	_		MONTH
STATE RD 49				-		· ·· ·					
CITRUS COUN			·						•		
FLORIDA				,							
SCHED. 3 LIFE INSURANCE (ITTACH SCHEDULE # NEC	(BART)							1		
OWNER OF POLICY		NE OF BEHEFICIARY	4444	of insula	MICE COMPLIET	FACE AMOUNT OF POLICY		DEU AVT DE FT CVRM	10 TAL I		POLICY ASSIGNED
							<u> </u>				
				_			٠				
								_			
SCHED: 4 STOCKS AND BOND FACE WALVE OR				Ι				PRES	net I		
MANNER OF SHARES	DESCR	PTION OF SECURITY			REQUESTERS	O IN RADE OF		MARKET		101	MION PLEDGED
											
	-		-						_		
											
<u></u>						<u> </u>					
SCHOOL S. REAL ESTINE VATA	CH SCHOOLS OF METERS	Alivs						· –		•	
DESCRIPTION ON STRE		<u> </u>	-		GPROVEMENTS	MORTGAGES OR	AMOUNT OF	ASSE		PRESENT	ARE TALES
RESIDENCE HO		MICHAE		<u> </u>	COMBIST OF	92,000	767	ANT	i_	86,0	
1020 SPRUCE		MICHAEL	D DERV			72,000		+	<u> </u>		-
BELLEAIR BE								+	- 		
								-	$\overline{}$		
	 										
SCHED & JOINTLY DWINED PROF	PERTY-DETAILS OF SUMA	MARY ON FRONT PAGE	IATTACH SCHED	LLE IF NEC	ESSARYI		<u> </u>				
	ASSETS				VALUE			NAME OF JO	NT TENANT		
PI SIDENCE				1							
			I								
											
·····					 ∤						
THE INFORMATION CONTAINE WHOSE BEHALF THE UNDERSED HERSEN INICLUDING THE DESIGN TRUE AND COMPLETE AND THA TO MAKE ALL INCLUDIES YOU D YOUR CREDIT EXPERIENCE WIT	MED MAY EITMEN BEYERA MATION NAME AS TO OW IT YOU MAY CONSIDER THE EEW MECESSARY TO VERS	LLY OR JONIELY WITH O MERSHIP OF PROPERT IS STATEMENT AS CON	THERS EXECUTE Y) IN DECIDING 1 FAILING TO BE TO	A GUARAN 10 GRANT C BUE AND CC	ITY IN YOUR FAVOR (IN CONTINUE CREDI ORRECT LINTE A WIN	EACH UNDERSIGNED U T EACH UNDERSIGNE ITTEN NOTICE OF A CH	MDERSTANDS DIREPRESENT: NAIGE IS GIVE	THAT YOU ARE S AND HARRA W TO YOU BY T	MELYPIG ON T HTS THAT THE HE UMBERSIG	HERFORM HEAMPONN MO YOU A	TION PROVIDED ON PROVIDED IS NE AUTHORIZED
JUNE	-30-98			<u>-</u>	SAGNED	Muy	M	V			
				-	SIGNED						

CORRECTED (if checked) PAYER'S name, street address, city, etate, 2IP code, and telephone no. 1 Rente OMB No 1545-0115 log roler i kalyspekt \$ Miscellaneous 2 Royalties 1997 Income 1526 51 AVE. \$ TUSCAL OOSA AL 35402 3 Other income \$ Form 1099-MISC PAYER'S Federal identification number RECIPIENT'S identification number 4 Federal Income tex withheid 6 Fishing bost proceeds CODY B 43-4992027 117-40-1229 \$ For Recipient RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code 6. Medical and health care payment 7 Nonemployee compensation This is important tax information and is being furnished to the internal Revenue \$ 84380,84 SERVICE ит сновт 8 Substitute payments in lieu of dividends or interest 9 Payer made direct sales of Internal Revenue Service II you are required to file a return, is negligence penalty or other seriction may be imposed on you if this income is taxable and the IRS determines that if has not been reported. \$5,000 or more of consumer products to a buyer (recipient) for resale

10 Crop insurance proceeds

12 State/Payer's state number

MISC

TOPO SPRUCE DRIVE

TERATR BEACH

nt number (optional)

(keep for your records)

Fit. 34635

Department of the Treasury - Internal Revenue Service

11 State income tax withheld

13



PERSONAL INFORMATION					DATE AS	OF JUNI	E-30- 199		
MICHAEL SERVOS	;		NUMBER OF	DEPENDENTS					
				DATE OF BIRTH					
·—		1	-						
RESIDENCE ADDRESS 1020 SPRUC	E DRIVE		PUSPIESS OF	ORGANIZATION					
BELLEAIR BEAC	H FL 3378	6 210	BUSINESS PH	UMÉ					
RESIDENCE PHONE 813-596-1			PARTNER OR	OFFICER IN ANY OTHER I	BUSINESS				
	CLELY OWNED SSETS HOT JOINTLY OWNE	D)			ALL LIMBILITIES AND HET ALL LIMBILITIES AND HET				
CASH (SEE SCHEO 1)		6,00	O HOTES PAYAB	LE TO BANKS UNSECUME	DISEE SCHED II		ı		
U.S. GOVERNMENT SECURITIES				LE 10 BANKS SECURED I	SKE SCHED 1)	· · · · · ·			
LISTED STOCKS AND BONDS (SEE SCHED 4)			NOTES PAYABL	LE TO OTHERS LAISECUR	₽D		1		
UNLISTED STOCKS AND BONDS (SEE SCHED 4)		 	MOTES PAYAGE	E TO OTHERS SECURED					
ACCOUNTS AND LOWIS RECENABLE (SEE SCHED 2)		3 3	NOTES RECEN	MALE DISCOUNTED			 		
LIFE INSURANCE - CASH VALUE (SEE SCIED 3)		3,31	10	IT LIFE INSURANCE ISEE	SCHED II	·			
REAL ESTATE (SEE SCHED 5)		175,00		MYABLE ON REAL ESTATE			94,000		
AUTOMOBLES		173,00	ACCOUNTS PA				34,000		
OTHER ASSETS (ITEMAZE)		 	exterest Paya						
1989 tractor t	railer	37,00		SESSMENTS PAYABLE		<u></u> .			
1989 HONDA ACC		6,50	,,,						
1988 HONDA ACC		5.50	'		TÇ	TAL LIMBLITIES	94,000		
HOUSE FURNITUR				NET WORTH					
	ASSETS SOLELY OWNED	263.30		107AL OF ALL LIABRUITES AND HET WORTH 1 263, 300					
end tutnide. In 3434 315Amaue)		120.1 <u>11</u>	SOURCE OF INCOME YOU MEED NOT DISCLOSE PROME FROM ALMONY CHILD SUPPORT OR IN			MARITENANCE			
CASH		s	SALARY	PATHENTS UNLES	SS YOU WISH IT TO BE CO	VSIDERED AS INC.	ĭ.		
ACCOUNTS MORTGAGES AND LONGS RECENTABLE		-	BONUS AND CO				81,020		
STOCKS AND BONOS			-						
REAL ESTATE				ON/DENOS					
U.S. GOVERNMENT SECURITIES	<u> </u>			REAL ESTATE INCOME OTHER INCOME (ITEMAZE)					
AUTOMOBILES			SALARY				<u>. </u>		
OTHER ASSETS			BONUS AND CO	wettret			ļ. <u> </u>		
	<u> </u>		OrVIDENOS						
			REAL ESTATE IN						
	ONFLY OWNED ASSETS		OTHER INCOME						
	TOTAL OF ALL ABSETS		Unit in Coal			OTAL INCOME	1		
TAVE YOU EVER TAKEN BANKINUPTCY MADE A COMPOSIT		U A DEFENDANT IN ANY	LEGAL ACTION OR ARE	THERE ON MISANS ED			81,020		
DO YOU MAYE ANY CONTINGENT LIABILITIES AS CO-MAKE	a cumantos os taco	NONE	BACTE MOTES ON SEDE	BA: BACOME TAX LIABRAT	TV T E ÉSI ANN				
		NONE	THE TOTAL OF THE						
CHED I CASH IN BANKS AND HOTES DUE TO BANKS IL	STAIL REAL ESTATE LOAD								
NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NO	TYPE OF OWNERSHIP	OH DEPOSIT	HOTES DUE BANKS	COLL	ATERAL OF AUTO		
AM SOUTH BANK	CHECKING	79659218	94	6,000	1	ļ. <u>-</u>			
				<u> </u>		-			
		<u> </u>				-			
<u></u>			CASH ON HAND	6,000					
						CHIEB COLUM	ABOUT		

102 SKU NO 20-0426 IFLA I

SCHED. T. ACCOUNTS, LOAM	G AMP HOTES N	ECEPHOL	L IA LIST OF LAA	GEST AMOUNTS	OWING 10 N	it)		4					
STAND THE TENE			And Committee	AGE 07 000	,	Mechifings of M	DESCRIPTION OF SECURITY HELD				DATE PAYMENT EXPECTED		
COMMERCIAL	LAND (ON	25,000	18 YE	ARS	MORGA	GE	LAND		LAND		ONTH	
STATE RD 49	1 IN										<u>i</u> _		
CITRUS COUN	ITY				_								
FLORIDA					٠,			<u> </u>		_			
SCHED 3 LIFE BISURANCE (A	TIACH BOMBRIA		I A A A A A A A A A A A A A A A A A A A										
			E OF BEMEFICIARY		4 24 24.40		FACE AMOUNT		CABH		LOAM	POLICY	
OWNER OF FOLICT			E OF BEHEFFELLINT	44.5	E OF MISONA	MICE COMPANY	OF POLICY	Phinesio	EN AVY NE	ON P	OLICY	ASSIGNED.	
													
			•			····							
										<u> </u>			
SCHED 4 STOCKS AND SOME	A (ATTACH SCHÉ)	Contract of the	CCCCCARV:								-	<u> </u>	
FACE VALUE OR			PTION OF SECURITY				D IN HAME OF		PRESE		to	MON PLEDGED	
NUMBER OF SHARES		-		_	<u> </u>				MARRETY	PALUE			
					-						-		
				<u>.</u>									
-					-						-		
	<u> </u>				<u> </u>		-						
SCHID S REAL ESTATE JATTA	CH SCHEDULE F	MECESSA	uliv)								•		
DESCRIPTION OR STREE	ET MYNOGA		Tithal at	MAINE OF		approvisions	MORTGAGES OR	AMOUNT OF PAYMENTS	ASSE		PRESENT MARKET VAL		
RESIDENCE H	IOME		MICHAEL	SERVO	COMMIST OF		LIENS		 ""		175.0		
1020 SPRUCE			HICHHIDD	<u> </u>			94,000	767	 		173.0		
BELLEAIR BE	<u>`</u>				_								
											-		
							<u> </u>	_					
SCHED & JOHNTLY OWNED PRO	PERTY-DETALS	OF SUMM	ARY OH FRONT PAGE	ATTACH SCHEE	NE F MC	ESSARVI							
	A3661	75			WALUE				MARIE OF JOHN TERRANT				
PE SIDENCE													
		_										····	
					-							-	
												-	
						·							
_												 i	
TO INFORMATION CONTAINS WHOSE BEHALF THE UNDERSE HEREN INCLUDING THE OPEN FIRMS AND CONFLETE AND THE TO MAKE ALL INQUINES YOU D YOUR CREDIT EXPERIENCE WIT	MED MAY ETHER SHATION MADE A IF YOU MAY COME EFM HECESSAAN	SEVERAL S TO CHIR MOUR THM	LY OR JOINTLY WITH O MERSHIP OF PROPERT B STATEMENT AS CON	THERS EXECUT TI IN DECIDING TOUSING TO BE I	E A GUARAN TO GRANT O TRUE AND CI	ITY IN YOUR FAYOR I OR CONTINUE CRED DRAECT UNITS, A WIR	EACH UNDERSIGNED : IT EACH UNDERSIGNE ITTEN NOTICE OF A CI	MOERSMOS II O REPRESENTS MAGE IS GIVEN	AME UDY 169 1 VB UDY OI	MELYING ON HT THAT EH MELINDERSI	i îne de dême 12 au îne demeni 16 au îne de de	ATION PROVIDED ON PROVIDED IS RE AUTHORIZED	
J	UNE-30	-97			-	SIGNED	M	W/ /	MA				
					_	S4G44E0	· · · · · · · · · · · · · · · · · · ·	<i>V</i>		MATERIZ THEO	FNIS PEGIN	N TWO SIGNATURE:	

CORRECTED (if checked) PAYER'S name, street address, city, state, and ZIP code 1 Rents OMB No 1545-0115 WELBORN TRANSPORT \$ Miscellaneous 1996 2 Royalties Income 1526 51 AVE. \$ TUSCALOOSA AL 35402 3 Other income Form 1099-MISC PAYER'S Federal Identification number | RECIPIENT'S Identification number 4. Federal income tax withheld 5 Fishing boat proceeds Copy B 117-40-1229 63-0992027 For Recipient RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code 6. Medical and health care payments 7 Nonemployee compensation This is important lax information and is being furnished to the internal Playenur. Service If you are required to file a MICHAEL SERVOS \$ \$ 81020.46 Substitute payments in lieu of dividends or interest 9. Payer made direct sales of \$5,000 or more of consumer products to a buyer required to the areturn, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines 1020 SPRUCE DRIVE (recipient) for resale 10 Crop insurance proceeds 11 State income tax withheld RELLEAIR BEACH FL 34635 Account number (optional) 12 State/Payer's state number that it has not been reported

Form 1099-MISC

(keep for your records)

Department of the Tressury - Internal Revenue Service



PERSONAL INFORMATION					DATE AS	OF JUN	E-30-			
MICHAEL SERVOS				PERMENTS						
				DATE OF BIRTH						
		<u>t</u>	-							
RESIDENCE ADDRESS 1020 SPRUC	E DRIVE		BUSINESS OF	UNIAMAZATION						
BELLEAIR BEACH P	L 33786	219	BUSINESS PH	CME	·	·				
RESIDENCE PHONE 813-596-122			PARTIE II OR	OFFICER IN ANY OTHER C	NUSMESS					
ASSETS BOLELS ILIST HERE OILT THOSE ASSETS	OWNED))		4.157	ALL LIABILITIES AND HET ALL LIABILITIES JOINT OR	WORTH OTHERWISE:				
CASH ISEE SCHED 1)		1 2,00	O HOTES PATABL	LE TO BANKS UNSECURE	DISEE SCHED 11		1			
US GOVERNMENT SECURITES	<u> </u>	7,70		LE TO BANKS SECURED I	SEE SCHED 1)					
LISTED STOCKS AND BONDS (SEE SCHED 4)		 	MOTES PAYABL	E TO OTHERS UNSECUR	€0					
UNILISTED STOCKS AND BONDS ISEE SCHED 41			NOTES PATABL	E TO OTHERS MICURED						
ACCOUNTS AND LOAMS RECEIVABLE (SEE SCHED 2)		3,30	O HOTES MECET	MAILE DISCOUNTED						
(FE RISURANCE - CASH VALUE (SEE SCHED 3)		3/30		STERE MISURANCE (SEE	SCHED 3:					
REAL ESTATE (SEE SCHED SI	:	160,00	O MORTGAGES	MYABLE ON NEAL ESTATE	ISCE SCHED SI	-	96,00			
AUTOMOBILES			ACCOUNTS /	TABLE			, , , , ,			
OfHER ASSETS (ITEMATE)	·		INTEREST PAV	MLE						
1989 TRACTOR TRA	ILER	45,00	O TAMES MO AS	SESSMENTS PAYABLE						
1989 HONDA ACCOR	D		OTHER LIABLE	res	•					
1988 HONDA ACCOR		7,50 6,50			77	OTAL LIABILITIES	96,00			
HOUSE FURNITURE		30.00				HET WORTH	158,30			
	TTS SOLELY OWNED	254,30	0	TOTAL OF ALL LIMBUTTIES AND HET WORTH \$						
JOHNTLY COMMENS.			10	DU MEED MOT DISCLOSE IN PLYMEN 15 URLE	SOURCE OF INCOME ICOME FROM ALMONY CI SS YOU WISH IT TO BE CO	ALD SUPPORT OR	MARITENANCE SME			
CASM		1	SALARY	SALARY						
ACCOUNTS MORTGAGES AND LOANS RECEIVABLE			BONUS AND CO	BONUS AND COMMISSIONS 80 - 85						
STOCKS AND BONDS			DIVIDENDS	DIVIDENDS						
PLAL ESTATE			MEAL ESTATE IN	COM						
U.S. GOVERNMENT SECURITIES			OTHER INCOME	OTHER INCOME (ITEMSE)						
AUTOMOBLES			SALARY	SALARY						
OTHER ASSETS			BONUS AND CO	BCHUS AND COMMISSIONS						
			DIVIDENDS		·					
			MEAL ESTATE IN	COME						
TOTAL JOINT	LY OWNED ASSETS	3	OTHER INCOME	(PEMIZE)						
	L OF ALL ASSETS	1				OTAL INCOME	80,854			
HAVE YOU EVER TAKEN BANKRUPTCY MADE A COMPOSITION S	METTLEMENT AND YO			THE ME ANY UNSATISFIED	JUDGMENTS AGAINST Y	OU' EXPLAIN				
00 YOU HAVE ANY CONTINGENT LIMBUTES AS CO-MAKER, GU	MANITOR OF ENDO	NON:		RAL HIJOME TAR LIABILIT	TY' EXPLAIN					
		NON	B							
SCHED. 1 CASH IN GAMES AND HOTES ONE TO BAMES ILIST AL		NS ON SCHED SI	_			,				
	TECKTNC	70.65.021.00	TYPE OF CONSERSOR	0= 0EP09/1	HOTES DUE BANKS	COLL	ATERIAL OF ARTS			
AM SOUTH CF	IBUKING	796502189	7 *	2,000	 	 	 -			
			 -	 	 		<u>.</u>			
			CASH ON HAND	1 2,000						
7 SKU NO 30-0426 (FLA)			10144.8	5	[•	ENTER TOTALS	MOVE			

107 SKU NO 20-0426 (FLA)

SCHED. S. ACCOUNTS, LOAD	NO AND HOTES RECEI	MBLE IA LIST OF THE LA	RGEST AMOUNTS (300 E	41						
NAME AND ACCRE	SE OF DEBTOR	AMOUN	AGE OF DEST		GESCRIPTION OF IM	SUME OF DEST	DES	CHIPTION OF SECUR	TY HELD	DATE PAYME EMPECTES	
COMMERCIAL	LAND ON	25,000	18 YEA	R\$	MORGAG	E		LAND		MONTH	
STATE RD 4	<u> </u>		ļ				ļ				
CITRUS COU	NTY		<u> </u>	-			-				
	· · · · · · · · · · · · · · · · · · ·	l	<u> </u>	1 1						<u> </u>	
SCHED. 3 LIFE INSURANCE I	ATTACH SCHEDULE IF	MECESSARri				-					
OWNER OF POLICY	,]	HAME OF BEHEFICIAL	HAM	OF BISUR	ANCE COMPANY	PACE AMOUNT OF POLICY		TAL CASH INDER VALUE	TOTAL LOAMS ON POLICY	POLIC ASSIGN	
		 :									
SCHED: 4 STOCKS AND BOND	IS (ATTACH SCHEDULE	IF NECESSARY)									
FACE VALUE OR NUMBER OF SMARES		SCRIPTION OF SECURITY			REGISTERE	D IN NAME OF		PRESENT MARKET VALU		TO WHOM PLEDGE	
 											
					- · · ·			 _	_		
							_		•		
SCHED. S. REAL ESTATE IATTA	CH SCHEDULE # NEC	ESSARTI			Т	1					
DESCRIPTION ON STRE	ET MANDEN	TITLE I	N HAME OF		CONSIST OF	MORTBAGES OR LIENS	AMOUNT O		PRESI MARKET		
RESIDENCE H 1020 SPRUCE		MICHAEL	SERVOS	<u> </u>	<u> </u>	96,000	767	_	160,	<u>000</u>	
BELLEAIR BE											
											
CHED & JOHITLY CHINED PRO	PERTY-DETAILS OF S	UNMARY ON FRONT PAGE	(ATTACH SCHEO	AE F NEC	ESSARY:		•				
	ASSETS				VALUE			HAME OF JOHN TO	ENANT		
! SIDENCE											
									-		
		<u> </u>								<u> </u>	
											
THE INFORMATION CONTAINE INFOSE BENALE THE UNDERSIG THE IN INCLUDING THE DESIG HUE AND COMPLETE AND THE O MARE ALL INDUMNES YOU D OUR CREDIT EXPERIENCE WIT	MATION MADE AS TO IT YOU MAY CONSIDER EEM NECESSARY TO I	DWHERSHIP OF PROPERT THIS STATEMENT AS COM-	PINERS EXECUTE TY) IN DECIDING T ITEMINA TO BE 12	HARAUG A O THARQ O	TY IN YOUR FAVOR (IR CONTINUE CREDI YOU COLUMN	EACH UNDERSIGNED: T. EACH UNDERSIGNE ITTEN NOTICE OF A C	UMDERSTAND! ED REPRESEN WANGERS GR) IHAI TOU ANE RELI TS AND WARRANTS I EN TO YOU BY THE LI	TRIG ON THE RIP O THAT THE THYOMA WINESPERIOR	PARTION PROVIDE ATTOM PROVIDED I	
JUNE	E=30=96_			-	SIGNED	MU		WA			
				-	SIGHED	(/	. (Jelel) .	STATE WENTS INC	CHIEF TWO SIGNAT	

41 E

CORRECTED (If checked) PAYER'S name, street address, city, state, and ZIP code 1 Renta OMB No 1545-0115 WELBORN TRANSPORT Miscellaneous 2 Royalties Income PO BOX 020968 TUSCALOOSA AL 35402 3 Other income Form 1099-MISC PAYER'S Federal identification number RECIPIENT'S identification number 4 Federal Income tax withheld 5 Fishing boat proceeds Copy B 63-0992027 117-40-1229 For Recipient RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code 7 Nonemployee compensation 6 Medical and health care payments This is important tax information and is MICHAEL **SERVOS** \$ 80845.88 being lumished to the Internal Revenue Substitute payments in lieu of 9 Payer made direct sales of dividends or interest \$6,000 or more of consumer Service If you are required to file a \$5,000 or more of consumer products to a buyer (recipient) for resale return a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines 1020 SPRUCE DRIVE 10 Crop insurance proceeds 11 State income tax withheld BELLEAIR BEACH FL 34635 Account number (optional) 12 State/Payer's state number that it has not been reported

Form 1099-MISC

(keep for your records)

حت

Department of the Treasury - Internal Revenue Service

FLORIDA PUBLIC SERVICE COMMISSION CAPITAL CIRCLE OFFICE CENTER - 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FLORIDA 32399-0850

DEPOSIT

DATES PPLICATION FORM

D806 =

JUL 0 7 1998

for

AUTHORITY TO PROVIDE (ALEC) ALTERNATIVE LOCAL EXCHANGE SERVICE WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

- This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing alternative local exchange certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee.
- Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
- Use e separate sheet for each answer which will not fit the allotted space.
- ♦ If you have questions about completing the form, contact:

Fiorida Public Service Commission Division of Communications Certification & Compliance Section 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0868 WAIL ROOM:

MICHAEL SERVOS THEODORA SERVOS 1020 Spruce Dr. Ph 596-1229 Belleair Beach, Fl 33786 Pay In the House Repute of the	But June- So- 1 pours le Commissary \$ JC 100
For	Julyw -

ples of this form along payable to the Florida