

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

DEPOSIT DATE APPLICATION FORM
D 8 0 6 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:

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

98
JUL -7 12:09
MAIL ROOM

- ◆ 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.

COMMUNICATIONS DIVISION
JUL 13 1998
JUL -7 8
1998

APPLICATION FORM

1. This is an application for (check one):

Original authority (new company)

Approval of transfer (to another certificated company)

Example. a certificated company purchases an existing company and desires to retain the original certificate authority.

Approval of assignment of existing certificate
(to 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.

Approval for transfer of control (to another certificated company)

Example. a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant:

MICHAEL SERVOS

3. Name under which the applicant will do business (d/b/e):

N/A

4. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: N/A

APPLICATION FORM

5. A. National mailing address including street name, number, post office box, city, state, zip code, and phone number.

N/A

- B. Florida mailing address including street name, number, post office box, city, state, zip code, and phone number.

1020 SPRUCE DRIVE

BELLEAIR BEACH, FL 33786

P.O. BOX 6434

CLEARWATER, FL 33758-6434

1-800-813-9235

6. Structure of organization: Check appropriate box(es)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Other, Please explain _____ |

7. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity.

MICHAEL SERVOS

APPLICATION FORM

8. State whether any of the officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

N/A

9. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: N/A

10. Please provide the name, title, address, telephone number, Internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

MICHAEL SERVOS

1020 SPRUCE DRIVE,

BELLEAIR BEACH, FL 33786

1-800-INSTATONE

1-800-81-EXCEL

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

N/A

APPLICATION FORM

12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial.

N/A

13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for penalty.

N/A

14. Please indicate how a customer can file a service complaint with your company.

1-877-INSTATONE

15. Please complete and file a price list in accordance with Commission Rule 25-24.825.(Rule attached)

16. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide alternative local exchange service in Florida.

A. Financial capability.

Regarding the showing of financial capability, the following applies:

The application should contain the applicant's financial statements for the most recent 3 years, including:

APPLICATION FORM

1. the balance sheet
2. 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.

1. 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 obligations.

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 emergency 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.)

APPLICATION FORM

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".

Official: _____



Signature

_____ JUNE-30-98

Date

Title: PRESIDENT

(813) 596-1229

Telephone Number

MICHAEL SERVOS

Address: _____

1020 SPRUCE DRIVE

BELLEAIR BEACH

FLORIDA, 33786

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.
Belleair Beach, FL 33786

MICHAEL SERVOS

CHECK SHEET

Sheets 1 through 12 inclusive of this price list are effective as of the date shown at the bottom 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	Original
2	Original
3	Original
4	Original
5	Original
6	Original
7	Original
8	Original
9	Original
10	Original
11	Original
12	Original

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EFFECTIVE:

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

MICHAEL SERVOS

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1020 Spruce Dr.
Belleair Beach, FL 33786

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SYMBOL DEFINITIONS

- D - Discontinue or delete**
- I - Change 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**

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EFFEATIVE.

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

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 suspension periods, 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.
- 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).
- 2.1.1.A.1.(a).i.(i).1

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

MICHAEL SERVOS

PRICE LIST FORMAT SHEETS

- D. **Check Sheet** - When a price list filing is made with the FPSC an updated check sheet accompanies the price list filing. 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.

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BY: MICHAEL SERVOS
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Belleair Beach, FL 33786

MICHAEL SERVOS

EXCHANGE SERVICE LIST

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

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EFFECTIVE:

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

MICHAEL SERVOS

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

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

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 services and will not provide access to operator services.

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 service 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:

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

MICHAEL SERVOS

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 provided by the Company

2.4 DEPOSITS

The Company does not require any deposits from the Customer

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

MICHAEL SERVOS

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 until 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.

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BY: MICHAEL SERVOS
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Belleair Beach, FL 33786

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 @ \$ 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 FINANCIAL STATEMENT

PERSONAL INFORMATION

 DATE AS OF JUNE 30 1998

NAME MICHAEL SERVOS	NUMBER OF DEPENDENTS _____
RESIDENCE ADDRESS 1020 SPRUCE DRIVE	DATE OF BIRTH _____
CITY BELLEAIR BEACH FL 33786	BUSINESS OR ORGANIZATION _____
RESIDENCE PHONE 813-596-1229	BUSINESS PHONE _____
PARTNER OR OFFICER IN ANY OTHER BUSINESS _____	

ASSETS SOLELY OWNED (LIST HERE ONLY THOSE ASSETS NOT JOINTLY OWNED)		ALL LIABILITIES AND NET WORTH (LIST ALL LIABILITIES, JOINT OR OTHERWISE)	
CASH (SEE SCHED 1)	\$ 10,000	NOTES PAYABLE TO BANKS UNSECURED (SEE SCHED 1)	\$
U.S. GOVERNMENT SECURITIES		NOTES PAYABLE TO BANKS SECURED (SEE SCHED 1)	
LISTED STOCKS AND BONDS (SEE SCHED 4)		NOTES PAYABLE TO OTHERS UNSECURED	
UNLISTED STOCKS AND BONDS (SEE SCHED 4)		NOTES PAYABLE TO OTHERS SECURED	
ACCOUNTS AND LOANS RECEIVABLE (SEE SCHED 2)	3,300	NOTES RECEIVABLE DISCOUNTED	
LIFE INSURANCE - CASH VALUE (SEE SCHED 3)		LOANS AGAINST LIFE INSURANCE (SEE SCHED 3)	
REAL ESTATE (SEE SCHED 5)	186,000	MORTGAGES PAYABLE ON REAL ESTATE (SEE SCHED 5)	92,000
AUTOMOBILES		ACCOUNTS PAYABLE	
OTHER ASSETS (ITEMIZE)		INTEREST PAYABLE	
1989 freight tractor trai	30,000	TAXES AND ASSESSMENTS PAYABLE	
1989 HONDA ACCORD	5,600	OTHER LIABILITIES	
1988 HONDA ACCORD	5,100	TOTAL LIABILITIES	92,000
HOUSE FURNITURE	30,000	NET WORTH	178,000
TOTAL ASSETS SOLELY OWNED	\$ 270,000	TOTAL OF ALL LIABILITIES AND NET WORTH	\$ 270,000

JOINTLY OWNED ASSETS (SUMMARIZE HERE; ITEMIZE IN SCHED 5)		SOURCE OF INCOME YOU NEED NOT DISCLOSE INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS UNLESS YOU WISH IT TO BE CONSIDERED AS INCOME	
CASH	\$	SALARY	\$ 84,380
ACCOUNTS, MORTGAGES AND LOANS RECEIVABLE		BONUS AND COMMISSIONS	
STOCKS AND BONDS		DIVIDENDS	
REAL ESTATE		REAL ESTATE INCOME	
U.S. GOVERNMENT SECURITIES		OTHER INCOME (ITEMIZE)	
AUTOMOBILES		SALARY	
OTHER ASSETS		BONUS AND COMMISSIONS	
		DIVIDENDS	
		REAL ESTATE INCOME	
TOTAL JOINTLY OWNED ASSETS	\$	OTHER INCOME (ITEMIZE)	
TOTAL OF ALL ASSETS	\$	TOTAL INCOME	\$ 84,380

HAVE YOU EVER TAKEN BANKRUPTCY MADE A COMPOSITION SETTLEMENT ARE YOU A DEFENDANT IN ANY LEGAL ACTION OR ARE THERE ANY COURT JUDGMENTS AGAINST YOU? EXPLAIN
NONE

DO YOU HAVE ANY CONTINGENT LIABILITIES AS CO MAKER, GUARANTOR OR ENDORSER ON LEASES, CONTRACTS, NOTES OR FEDERAL INCOME TAX LIABILITY? EXPLAIN
NONE

SCHED. 1 CASH IN BANKS AND NOTES DUE TO BANKS (LIST ALL REAL ESTATE LOANS IN SCHED 5)

NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NO.	TYPE OF OWNERSHIP	ON DEPOSIT	NOTES DUE BANKS	COLLATERAL (IF ANY)
AM SOUTH BANK	CHECKING	7965021894		\$ 10,000	\$	

CASH ON HAND \$ 10,000

TOTALS \$ \$ ENTER TOTALS ABOVE

SCHED. 2. ACCOUNTS, LOANS AND NOTES RECEIVABLE (A LIST OF THE LARGEST AMOUNTS OWING TO ME)

NAME AND ADDRESS OF DEBTOR	AMOUNT OWING	AGE OF DEBT	DESCRIPTION OF NATURE OF DEBT	DESCRIPTION OF SECURITY HELD	DATE PAYMENT EXPECTED
COMMERCIAL LAND ON STATE RD 491 IN CITRUS COUNTY FLORIDA	25,000	18 YEARS	MORGAGE	LAND	MONTH

SCHED. 3 LIFE INSURANCE (ATTACH SCHEDULE IF NECESSARY)

OWNER OF POLICY	NAME OF BENEFICIARY	NAME OF INSURANCE COMPANY	FACE AMOUNT OF POLICY	TOTAL CASH SURRENDER VALUE	TOTAL LOANS ON POLICY	POLICY ASSIGNED

SCHED. 4 STOCKS AND BONDS (ATTACH SCHEDULE IF NECESSARY)

FACE VALUE OR NUMBER OF SHARES	DESCRIPTION OF SECURITY	REGISTERED IN NAME OF	PRESENT MARKET VALUE	TO WHOM PLEDGED

SCHED. 5 REAL ESTATE (ATTACH SCHEDULE IF NECESSARY)

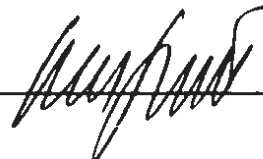
DESCRIPTION OR STREET NUMBER	TITLE IN NAME OF	IMPROVEMENTS CONSIST OF	MORTGAGES OR LIENS	AMOUNT OF PAYMENTS	ASSESSED VALUE	PRESENT MARKET VALUE	ARE TAXES CURRENT?
RESIDENCE HOME 1020 SPRUCE DRIVE BELLEAIR BEACH FL	MICHAEL SERVOS		92,000	767		186,000	

SCHED. 6 JOINTLY OWNED PROPERTY - DETAILS OF SUMMARY ON FRONT PAGE (ATTACH SCHEDULE IF NECESSARY)

ASSETS	VALUE	NAME OF JOINT TENANT
RESIDENCE	\$	

THE INFORMATION CONTAINED IN THIS STATEMENT IS PROVIDED FOR THE PURPOSE OF OBTAINING OR MAINTAINING CREDIT WITH YOU ON BEHALF OF THE UNDERSIGNED OR PERSONS FIRMS OR CORPORATIONS IN WHOSE BEHALF THE UNDERSIGNED MAY EITHER SEVERALLY OR JOINTLY WITH OTHERS EXECUTE A GUARANTY IN YOUR FAVOR. EACH UNDERSIGNED UNDERSTANDS THAT YOU ARE RELYING ON THE INFORMATION PROVIDED HEREIN (INCLUDING THE DESIGNATION MADE AS TO OWNERSHIP OF PROPERTY) IN DECIDING TO GRANT OR CONTINUE CREDIT. EACH UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE AND THAT YOU MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE AND CORRECT UNTIL A WRITTEN NOTICE OF A CHANGE IS GIVEN TO YOU BY THE UNDERSIGNED. YOU ARE AUTHORIZED TO MAKE ALL INQUIRIES YOU DEEM NECESSARY TO VERIFY THE ACCURACY OF THE STATEMENTS MADE HEREIN, AND TO DETERMINE BY OUR CREDITWORTHINESS YOU ARE AUTHORIZED TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME US.

JUNE - 30 - 98

SIGNED _____

 SIGNED _____

CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. DEL NORTE TRANSPORT 1526 51 AVE. TUSCALOOSA AL 35402		1 Rents \$	OMB No 1545-0115 1997 Form 1099-MISC	Miscellaneous Income	
		2 Royalties \$			
		3 Other income \$			
PAYER'S Federal identification number 63-0992027	RECIPIENT'S identification number 117-40-1229	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MICHAEL GERARD 1070 SPRUCE DRIVE CLEAR BEACH FL 34635 nt number (optional)		6 Medical and health care payments \$	7 Nonemployee compensation \$ 14,340.84		
		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		
		10 Crop insurance proceeds \$	11 State income tax withheld \$		
		12 State/Payer's state number	13 \$		

MISC (keep for your records)

Department of the Treasury - Internal Revenue Service

PERSONAL FINANCIAL STATEMENT

PERSONAL INFORMATION DATE AS OF **JUNE-30-** 19 **97**

NAME MICHAEL SERVOS	NUMBER OF DEPENDENTS _____
RESIDENCE ADDRESS 1020 SPRUCE DRIVE	BUSINESS OR ORGANIZATION _____
CITY BELLEAIR BEACH FL 33786	BUSINESS PHONE _____
RESIDENCE PHONE 813-596-1229	PARTNER OR OFFICER IN ANY OTHER BUSINESS _____

ASSETS SOLELY OWNED (LIST HERE ONLY THOSE ASSETS NOT JOINTLY OWNED)		ALL LIABILITIES AND NET WORTH (LIST ALL LIABILITIES JOINT OR OTHERWISE)	
CASH (SEE SCHED 1)	\$ 6,000	NOTES PAYABLE TO BANKS UNSECURED (SEE SCHED 1)	
U.S. GOVERNMENT SECURITIES		NOTES PAYABLE TO BANKS SECURED (SEE SCHED 1)	
LISTED STOCKS AND BONDS (SEE SCHED 4)		NOTES PAYABLE TO OTHERS UNSECURED	
UNLISTED STOCKS AND BONDS (SEE SCHED 4)		NOTES PAYABLE TO OTHERS SECURED	
ACCOUNTS AND LOANS RECEIVABLE (SEE SCHED 2)	3,300	NOTES RECEIVABLE DISCOUNTED	
LIFE INSURANCE - CASH VALUE (SEE SCHED 3)		LOANS AGAINST LIFE INSURANCE (SEE SCHED 3)	
REAL ESTATE (SEE SCHED 5)	175,000	MORTGAGES PAYABLE ON REAL ESTATE (SEE SCHED 5)	94,000
AUTOMOBILES		ACCOUNTS PAYABLE	
OTHER ASSETS (ITEMIZE)		INTEREST PAYABLE	
1989 tractor trailer	37,000	TAXES AND ASSESSMENTS PAYABLE	
1989 HONDA ACCORD	6,500	OTHER LIABILITIES	.
1988 HONDA ACCORD	5,500	TOTAL LIABILITIES	94,000
HOUSE FURNITURE	30,000	NET WORTH	169,300
TOTAL ASSETS SOLELY OWNED	\$ 263,300	TOTAL OF ALL LIABILITIES AND NET WORTH	\$ 263,300

JOINTLY OWNED ASSETS (SUMMARIZE HERE (ITEMIZE IN SCHED 4))		SOURCE OF INCOME YOU NEED NOT DISCLOSE INCOME FROM ALIMONY CHILD SUPPORT OR MAINTENANCE PAYMENTS UNLESS YOU WISH IT TO BE CONSIDERED AS INCOME	
CASH	\$	SALARY	\$ 81,020
ACCOUNTS MORTGAGES AND LOANS RECEIVABLE		BONUS AND COMMISSIONS	
STOCKS AND BONDS		DIVIDENDS	
REAL ESTATE		REAL ESTATE INCOME	
U.S. GOVERNMENT SECURITIES		OTHER INCOME (ITEMIZE)	
AUTOMOBILES		SALARY	
OTHER ASSETS		BONUS AND COMMISSIONS	
		DIVIDENDS	
		REAL ESTATE INCOME	
TOTAL JOINTLY OWNED ASSETS	\$	OTHER INCOME (ITEMIZE)	
TOTAL OF ALL ASSETS	\$	TOTAL INCOME	\$ 81,020

HAVE YOU EVER TAKEN BANKRUPTCY MADE A COMPOSITION SETTLEMENT ARE YOU A DEFENDANT IN ANY LEGAL ACTION OR ARE THERE ANY SATISFIED JUDGMENTS AGAINST YOU? EXPLAIN
NONE

DO YOU HAVE ANY CONTINGENT LIABILITIES AS CO-MAKER, GUARANTOR OR ENDORSER ON LEASES, CONTRACTS, NOTES OR FEDERAL INCOME TAX LIABILITY? EXPLAIN
NONE

SCHED 1 CASH IN BANKS AND NOTES DUE TO BANKS (LIST ALL REAL ESTATE LOANS IN SCHED 5)

NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NO	TYPE OF OWNERSHIP	ON DEPOSIT	NOTES DUE BANKS	COLLATERAL (IF ANY)
AM SOUTH BANK	CHECKING	7965921894		\$ 6,000		

CASH ON HAND \$ 6,000

TOTALS \$ \$

ENTER TOTALS ABOVE

SCHED 7. ACCOUNTS, LOANS AND NOTES RECEIVABLE (A LIST OF THE LARGEST AMOUNTS OWING TO ME)					
NAME AND ADDRESS OF DEBTOR	AMOUNT OWING	AGE OF DEBT	DESCRIPTION OF NATURE OF DEBT	DESCRIPTION OF SECURITY HELD	DATE PAYMENT EXPECTED
COMMERCIAL LAND ON STATE RD 491 IN CITRUS COUNTY FLORIDA	25,000	18 YEARS	MORGAGE	LAND	MONTH

SCHED 8 LIFE INSURANCE (ATTACH SCHEDULE IF NECESSARY)						
OWNER OF POLICY	NAME OF BENEFICIARY	NAME OF INSURANCE COMPANY	FACE AMOUNT OF POLICY	TOTAL CASH SURRENDER VALUE	TOTAL LOANS ON POLICY	POLICY ASSIGNED

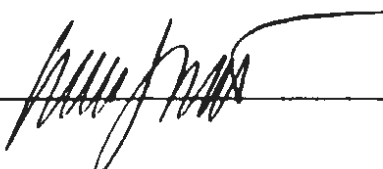
SCHED 9 STOCKS AND BONDS (ATTACH SCHEDULE IF NECESSARY)				
FACE VALUE OR NUMBER OF SHARES	DESCRIPTION OF SECURITY	REGISTERED IN NAME OF	PRESENT MARKET VALUE	IF SHOWN PLEDGED

SCHED 10 REAL ESTATE (ATTACH SCHEDULE IF NECESSARY)								
DESCRIPTION OR STREET NUMBER	TITLE IN NAME OF	IMPROVEMENTS CONSIST OF	MORTGAGES OR LIENS	AMOUNT OF PAYMENTS	ASSESSED VALUE	PRESENT MARKET VALUE	ARE TAXES CURRENT?	
RESIDENCE HOME 1020 SPRUCE DRIVE BELLEAIR BEACH FL	MICHAEL SERVOS		94,000	767		175,000		

SCHED 11 JOINTLY OWNED PROPERTY - DETAILS OF SUMMARY ON FRONT PAGE (ATTACH SCHEDULE IF NECESSARY)		
ASSETS	VALUE	NAME OF JOINT TENANT
RESIDENCE	\$	

1. INFORMATION CONTAINED IN THIS STATEMENT IS PROVIDED FOR THE PURPOSE OF OBTAINING OR MAINTAINING CREDIT WITH YOU ON BEHALF OF THE UNDERSIGNED OR PERSONS, FIRMS OR CORPORATIONS IN WHOSE BEHALF THE UNDERSIGNED MAY EITHER SEVERALLY OR JOINTLY WITH OTHERS EXECUTE A GUARANTEE IN YOUR FAVOR. EACH UNDERSIGNED UNDERSTANDS THAT YOU ARE RELYING ON THE INFORMATION PROVIDED HEREIN INCLUDING THE DISTRIBUTION MADE AS TO OWNERSHIP OF PROPERTY IN DECIDING TO GRANT OR CONTINUE CREDIT. EACH UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE AND THAT YOU MAY CONSIDER THIS STATEMENT AS CONTRIBUTING TO BE TRUE AND CORRECT UNTIL A WRITTEN NOTICE OF A CHANGE IS GIVEN TO YOU BY THE UNDERSIGNED. YOU ARE AUTHORIZED TO MAKE ALL INQUIRIES YOU DEEM NECESSARY TO VERIFY THE ACCURACY OF THE STATEMENTS MADE HEREIN AND TO DETERMINE BY OUR CREDITWORTHINESS. YOU ARE AUTHORIZED TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME US.

DATE

SIGNED

SIGNED

CORRECTED (if checked)

**Miscellaneous
Income**

PAYER'S name, street address, city, state, and ZIP code WELBORN TRANSPORT 1526 51 AVE. TUSCALOOSA AL 35402	1 Rents \$	OMB No 1545-0115 1996 Form 1099-MISC
	2 Royalties \$	
	3 Other income \$	

PAYER'S Federal identification number 63-0992027	RECIPIENT'S identification number 117-40-1229	4 Federal income tax withheld \$	5 Fishing boat proceeds \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MICHAEL SERVOS 1020 SPRUCE DRIVE BELLEAIR BEACH FL 34635		6 Medical and health care payments \$	7 Nonemployee compensation \$ 81020.46
		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
		10 Crop insurance proceeds \$	11 State income tax withheld \$
Account number (optional)		12 State/Payer's state number	

**Copy B
For Recipient**

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-MISC

(keep for your records)

Department of the Treasury · Internal Revenue Service

PERSONAL FINANCIAL STATEMENT

DATE AS OF **JUNE-30-1986**

PERSONAL INFORMATION	
NAME MICHAEL SERVOS	NUMBER OF DEPENDENTS _____
RESIDENCE ADDRESS 1020 SPRUCE DRIVE	DATE OF BIRTH _____
CITY BELLEAIR BEACH FL 33786	BUSINESS OR ORGANIZATION _____
RESIDENCE PHONE 813-596-1229	BUSINESS PHONE _____
	PARTNER OR OFFICER IN ANY OTHER BUSINESS _____

ASSETS SOLELY OWNED (LIST HERE ONLY THOSE ASSETS NOT JOINTLY OWNED)		ALL LIABILITIES AND NET WORTH (LIST ALL LIABILITIES, JOINT OR OTHERWISE)	
CASH (SEE SCHED 1)	\$ 2,000	NOTES PAYABLE TO BANKS UNSECURED (SEE SCHED 1)	
U.S. GOVERNMENT SECURITIES		NOTES PAYABLE TO BANKS SECURED (SEE SCHED 1)	
LISTED STOCKS AND BONDS (SEE SCHED 4)		NOTES PAYABLE TO OTHERS UNSECURED	
UNLISTED STOCKS AND BONDS (SEE SCHED 4)		NOTES PAYABLE TO OTHERS SECURED	
ACCOUNTS AND LOANS RECEIVABLE (SEE SCHED 2)	3,300	NOTES RECEIVABLE UNCOLLECTED	
LIFE INSURANCE - CASH VALUE (SEE SCHED 3)		LOANS AGAINST LIFE INSURANCE (SEE SCHED 3)	
REAL ESTATE (SEE SCHED 5)	160,000	MORTGAGES PAYABLE ON REAL ESTATE (SEE SCHED 5)	96,000
AUTOMOBILES		ACCOUNTS PAYABLE	
OTHER ASSETS (ITEMIZE)		INTEREST PAYABLE	
1989 TRACTOR TRAILER	45,000	TAXES AND ASSESSMENTS PAYABLE	
1989 HONDA ACCORD	7,500	OTHER LIABILITIES	
1988 HONDA ACCORD	6,500		
HOUSE FURNITURE	30,000		
TOTAL ASSETS SOLELY OWNED	\$ 254,300	TOTAL LIABILITIES	96,000
		NET WORTH	158,300
		TOTAL OF ALL LIABILITIES AND NET WORTH	\$ 254,300

JOINTLY OWNED ASSETS (SUMMARIZE HERE (ITEMIZE IN SCHED 6)		SOURCE OF INCOME YOU NEED NOT DISCLOSE INCOME FROM ALIMONY, CHILD SUPPORT OR MAINTENANCE PAYMENTS UNLESS YOU WISH IT TO BE CONSIDERED AS INCOME	
CASH	\$	SALARY	\$ 80,854
ACCOUNTS, MORTGAGES AND LOANS RECEIVABLE		BONUS AND COMMISSIONS	
STOCKS AND BONDS		DIVIDENDS	
REAL ESTATE		REAL ESTATE INCOME	
U.S. GOVERNMENT SECURITIES		OTHER INCOME (ITEMIZE)	
AUTOMOBILES		SALARY	
OTHER ASSETS		BONUS AND COMMISSIONS	
		DIVIDENDS	
		REAL ESTATE INCOME	
TOTAL JOINTLY OWNED ASSETS	\$	OTHER INCOME (ITEMIZE)	
TOTAL OF ALL ASSETS	\$	TOTAL INCOME	\$ 80,854

HAVE YOU EVER TAKEN BANKRUPTCY, MADE A COMPOSITION SETTLEMENT, ARE YOU A DEFENDANT IN ANY LEGAL ACTION OR ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST YOU? EXPLAIN

NONE

DO YOU HAVE ANY CONTINGENT LIABILITIES AS CO-MAKER, GUARANTOR OR ENDORSER ON LEASES, CONTRACTS, NOTES OR FEDERAL INCOME TAX LIABILITY? EXPLAIN

NONE

SCHED. 1 CASH IN BANKS AND NOTES DUE TO BANKS (LIST ALL REAL ESTATE LOANS IN SCHED 5)

NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NO.	TYPE OF OWNERSHIP	CASH ON DEPOSIT	NOTES DUE BANKS	COLLATERAL (IF ANY)
AM SOUTH	CHECKING	7965021894		\$ 2,000		

CASH ON HAND	\$ 2,000	
TOTALS	\$	\$

ENTER TOTALS ABOVE

SCHED. 2. ACCOUNTS, LOANS AND NOTES RECEIVABLE (A LIST OF THE LARGEST AMOUNTS OWING TO ME)					
NAME AND ADDRESS OF DEBTOR	AMOUNT OWING	AGE OF DEBT	DESCRIPTION OF NATURE OF DEBT	DESCRIPTION OF SECURITY HELD	DATE PAYMENT EXPECTED
COMMERCIAL LAND ON STATE RD 491 IN CITRUS COUNTY	25,000	18 YEARS	MORGAGE	LAND	MONTH

SCHED. 3 LIFE INSURANCE (ATTACH SCHEDULE IF NECESSARY)						
OWNER OF POLICY	NAME OF BENEFICIARY	NAME OF INSURANCE COMPANY	FACE AMOUNT OF POLICY	TOTAL CASH SURRENDER VALUE	TOTAL LOANS ON POLICY	POLICY ASSIGNED

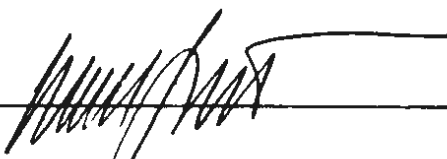
SCHED. 4 STOCKS AND BONDS (ATTACH SCHEDULE IF NECESSARY)				
FACE VALUE OR NUMBER OF SHARES	DESCRIPTION OF SECURITY	REGISTERED IN NAME OF	PRESENT MARKET VALUE	TO WHOM PLEDGED

SCHED. 5. REAL ESTATE (ATTACH SCHEDULE IF NECESSARY)								
DESCRIPTION OR STREET NUMBER	TITLE IN NAME OF	IMPROVEMENTS CONSIST OF	MORTGAGES OR LIENS	AMOUNT OF PAYMENTS	ASSESSED VALUE	PRESENT MARKET VALUE	ARE TAXES CURRENT?	
RESIDENCE HOME 1020 SPRUCE DRIVE BELLEAIR BEACH FL	MICHAEL SERVOS		96,000	767		160,000		

SCHED. 6 JOINTLY OWNED PROPERTY - DETAILS OF SUMMARY ON FRONT PAGE (ATTACH SCHEDULE IF NECESSARY)		
ASSETS	VALUE	NAME OF JOINT TENANT
RESIDENCE	\$	

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DATE JUNE - 30 - 96

SIGNED 

SIGNED _____

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code WELBORN TRANSPORT PO BOX 020968 TUSCALOOSA AL 35402		1 Rents \$	OMB No 1545-0115 1995 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$		
		3 Other income \$		
PAYER'S Federal identification number 63-0992027	RECIPIENT'S identification number 117-40-1229	4 Federal income tax withheld \$	5 Fishing boat proceeds \$	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MICHAEL SERVOS 1020 SPRUCE DRIVE BELLEAIR BEACH FL 34635		6 Medical and health care payments \$	7 Nonemployee compensation \$ 80845.88	
		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	
		10 Crop insurance proceeds \$	11 State income tax withheld \$	
Account number (optional)		12 State/Payer's state number		

Form 1099-MISC

(keep for your records)



Department of the Treasury · Internal Revenue Service

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

DEPOSIT DATE APPLICATION FORM
D 8 0 6 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:

Florida Public Service Commission
Division of Communications
Certification & Compliance Section
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0866

98 JUL - 7 PM 12:09
MAIL ROOM



MICHAEL SERVOS
THEODORA SERVOS
1020 Spruce Dr. Ph 590-1229
Belleair Beach, FL 33786

1635

Bar June - 30 - 1998

Pay to the Order of

Florida Public Service Commission \$ 250.00

Five hundred fifty 00/100 Dollars

AM SOUTH BANK

[Signature]

copies of this form along
payable to the Florida

For