

July 16, 1998

Florida Public Service Commission
Divisions of Records & Reporting
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399

To whom it may concern:

Enclosed you will find seven copies of the application form to provide alternative local service within the state of Florida. The required tariff including a price list specifying our company rates and charges has already been submitted several months ago.

Should you have any questions, please feel free to contact me at (706) 560-0400.

Sincerely,

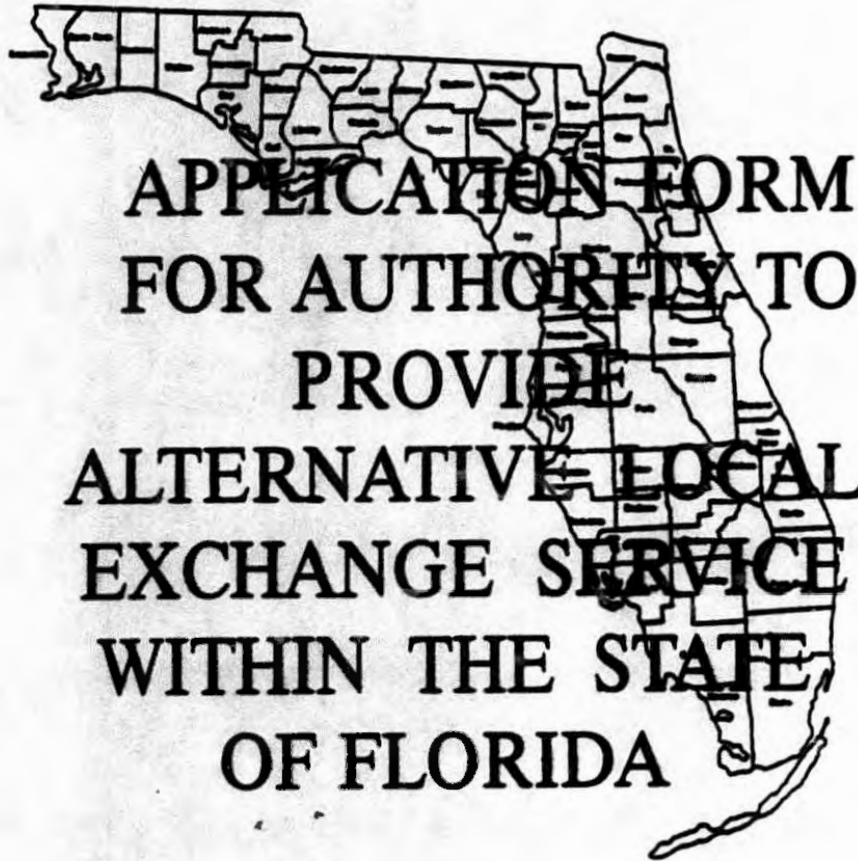
Lawrence Hansbro, CEO
Sabrina Booker, Senior Accounts Representative
Push Button Paging

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FLORIDA PUBLIC
SERVICE COMMISSION
98 JUL 17 AM 10:25
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DOCUMENT NUMBER-DATE

07881 JUL 27 88

FPSC-RECORDS/REPORTING



**APPLICATION FORM
FOR AUTHORITY TO
PROVIDE
ALTERNATIVE LOCAL
EXCHANGE SERVICE
WITHIN THE STATE
OF FLORIDA**

DOCUMENT NUMBER - DATE

0788 | JUL 27 88

FPSC-RECORDS/REPORTING

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:

Mr. Lawrence Hansbro

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

Push Button Tel

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

Fictitious name registration number: _____

APPLICATION FORM

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

Push Button Paging

2115 Windsor Spring Rd.

Augusta, GA 30906

Telephone Number: (706) 560-0400

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

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

<input type="checkbox"/> Individual	<input checked="" 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.

Lawrence Hansbro

2115 Windsor Spring Rd.

Augusta Ga 30906

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: Lauren Hand
Signature

7-14-98
Date

Title: PRESIDENT

(006) 560-0400
Telephone Number

Address: _____

Jay L Wright

MY COMMISSION EXPIRES SEPTEMBER 9, 2000

Cost of Goods Sold (see instructions.)

Inventory at beginning of year	1	0.
Purchases	2	123,778.
Cost of labor	3	
Additional section 263A costs (attach schedule)	4	
Other costs (attach schedule)	5	
Total. Add lines 1 through 5	6	123,778.
Inventory at end of year	7	
Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	123,778.

9a Check all methods used for valuing closing inventory:

- (i) Cost as described in Regulations section 1.471-3
- (ii) Lower of cost or market as described in Regulations section 1.471-4
- (iii) Other (specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c)

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

Schedule C Dividends and Special Deductions (see instructions.)	(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
	1 Dividends from less-than-20%-owned domestic corporations that are subject to the 70% deduction (other than debt-financed stock)		70
2 Dividends from 20%-or-more-owned domestic corporations that are subject to the 80% deduction (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations (section 246A)			
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs that are subject to the 70% deduction		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs that are subject to the 80% deduction		80	
8 Dividends from wholly owned foreign subsidiaries subject to the 100% deduction (section 243(b))		100	
9 Total. Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from certain FSCs that are subject to the 100% deduction (see 245(c)(1))		100	
12 Dividends from affiliated group members subject to the 100% deduction (see 243(a)(3))		100	
13 Other dividends from foreign corporations not included on lines 1, 2, 7, 8, or 11			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up (section 78)			
16 C-DISC and former DISC dividends not included on lines 1, 2, or 3 (section 246(d))			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 Total dividends. Add lines 1 through 17. Enter here and on line 4, page 1			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on line 29b, page 1			

Schedule E Compensation of Officers (see instructions for line 12, page 1.)

Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1, Form 1120) are 500,000 or more.

1	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
				(d) Common	(e) Preferred	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
2	Total compensation of officers					
3	Compensation of officers claimed on Schedule A and elsewhere on return					
4	Subtract line 3 from line 2. Enter the result here and on line 12, page 1					

APPLICATION FORM

1. the balance sheet
2. income statement
3. statement of retained earnings.

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

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- 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.)

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Official: _____
Signature Date

Title: _____ () _____
Telephone Number

Address: _____

APPLICATION FORM

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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.

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Official: Lauren Hand
Signature

7-14-98
Date

Title: PRESIDENT (006) 560-0400
Telephone Number

Address: _____

Jay L. Wright

MY COMMISSION EXPIRES SEPTEMBER 9, 2000

Cost of Goods Sold (see instructions.)

1	Inventory at beginning of year	0.
2	Purchases	123,778.
3	Cost of labor	
4	Additional section 263A costs (attach schedule)	
5	Other costs (attach schedule)	
6	Total. Add lines 1 through 5	123,778.
7	Inventory at end of year	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	123,778.

9a Check all methods used for valuing closing inventory:

- (i) Cost as described in Regulations section 1.471-3
- (ii) Lower of cost or market as described in Regulations section 1.471-4
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b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c)

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If 'Yes,' attach explanation. Yes No

Schedule E Dividends and Special Deductions (see instructions.)		(a) Dividends received	(b) Percentage	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations that are subject to the 70% deduction (other than debt-financed stock)		70	
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8	Dividends from wholly owned foreign subsidiaries subject to the 100% deduction (section 245(b))		100	
9	Total. Add lines 1 through 8. See instructions for limitation			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from certain FSCs that are subject to the 100% deduction (sec 245(c)(1))		100	
12	Dividends from affiliated group members subject to the 100% ded (sec 243(a)(3))		100	
13	Other dividends from foreign corporations not included on lines 1, 5, 7, 8, or 11			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15	Foreign dividend gross-up (section 78)			
16	C-DISC and former DISC dividends not included on lines 1, 2, or 3 (section 246(d))			
17	Other dividends			
18	Deduction for dividends paid on certain preferred stock of public utilities			
19	Total dividends. Add lines 1 through 17. Enter here and on line 4, page 1			
20	Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on line 29b, page 1			

Schedule E Compensation of Officers (see instructions for line 12, page 1.)
Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1, Form 1120) are 500,000 or more.

1	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
				(d) Common	(e) Preferred	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
2	Total compensation of officers					
3	Compensation of officers claimed on Schedule A and elsewhere on return					
4	Subtract line 3 from line 2. Enter the result here and on line 12, page 1					

Tax Computation (see instructions.)

1 Check if the corporation is a member of a controlled group (see sections 1561 and 1563) **Important: Members of a controlled group, see instructions.**

2a If the box on line 1 is checked, enter the corporation's share of the 50,000, 25,000, and 9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter the corporation's share of:
 (1) additional 5% tax (not more than \$11,750) \$ _____
 (2) additional 3% tax (not more than \$100,000) \$ _____

3 Income tax. Check this box if the corporation is a qualified personal service corporation as defined in section 448(d)(2) (see instructions) **3**

4a Foreign tax credit (attach Form 1118) **4 a**

b Possessions tax credit (attach Form 5735) **4 b**

c Check: Nonconventional source fuel credit OIEY credit (attach Form 8834) **4 c**

d General business credit. Enter here and check which forms are attached:
 3800 3468 5884 6478 6765 8586 8830
 8826 8835 8844 8845 8846 8820 8847 **4 d**

e Credit for prior year minimum tax (attach Form 8827) **4 e**

5 Total credits. Add lines 4a through 4e **5**

6 Subtract line 5 from line 3 **6**

7 Personal holding company tax (attach Schedule PH (Form 1120)) **7**

8 Recapture taxes. Check 1 from: Form 4255 Form 8611 **8**

9 Alternative minimum tax (attach Form 4626) **9**

10 Total tax. Add lines 6 through 9. Enter here and on line 31, page 1 **10**

Schedule K Other Information (see instructions.)

	Yes	No		Yes	No
1 Check method of accounting: a <input checked="" type="checkbox"/> Cash			7 Was the corporation a U.S. shareholder of any controlled foreign corporation? (See sections 951 and 957). If 'Yes,' attach Form 5471 for each such corporation. Enter no. of Forms 5471 attached = _____	<input checked="" type="checkbox"/>	
b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other spec = _____			8 At any time during the 1996 calendar year, did the corporation have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? If 'Yes,' the corporation may have to file Form TD F 90-22.1. If 'Yes,' enter nm of foreign country = _____	<input checked="" type="checkbox"/>	
2 See the instructions and state the principal: a Business activity code no. = <u>3663</u> b Business activity = <u>SALES</u> c Product or service = <u>BEEPERS & PHONES</u>			9 During the tax year, did the corporation receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes,' see instructions for other forms the corporation may have to file		<input checked="" type="checkbox"/>
3 Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If 'Yes,' attach a schedule showing: (a) name and identifying number, (b) percentage owned, and (c) taxable income or (loss) before NCL and special deductions of such corporation for the tax year ending with or within your tax year.	<input checked="" type="checkbox"/>		10 Did one foreign person at any time during the tax year own, directly or indirectly, at least 25% of: (a) the total voting power of all classes of stock of the corporation entitled to vote, or (b) the total value of all classes of stock of the corporation? If 'Yes,' a Enter percentage owned = _____ b Enter owner's country = _____ c The corporation may have to file Form 5472. Enter number of Forms 5472 attached = _____		<input checked="" type="checkbox"/>
4 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If 'Yes,' enter employer identification number and name of the parent corporation = _____		<input checked="" type="checkbox"/>	11 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If so, the corporation may have to file Form 3281.		
5 Did any individual, partnership, corporation, estate or trust at the end of the tax year own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) If 'Yes,' attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter % owned = <u>100.00</u> See Ques 5 Stmt	<input checked="" type="checkbox"/>		12 Enter the amount of tax-exempt interest received or accrued during the tax year = \$ _____		
6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316). If 'Yes,' file Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 951, Affiliations Schedule, for each subsidiary.		<input checked="" type="checkbox"/>	13 If there were 25 or fewer shareholders at the end of the tax year, enter the number = <u>1</u>		
			14 If the corporation has an NCL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/>		
			15 Enter the available NCL carryover from prior tax years (do not reduce it by any deduction on line 29a.) = \$ _____		

Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				22,394.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories		0.		
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach schedule)				
7 Loans to stockholders				
8 Mortgage and real estate loans				
9 Other investments (attach schedule)				
10a Buildings and other depreciable assets			6,391.	
b Less accumulated depreciation			3,328.	3,063.
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)			300.	
b Less accumulated amortization			30.	270.
14 Other assets (attach schedule)				
15 Total assets		0.		25,727.
Liabilities and Stockholders' Equity				
16 Accounts payable				17,462.
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach schedule)				
19 Loans from stockholders				7,765.
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach schedule)				
22 Capital stock: a Preferred stock			500.	
b Common stock				500.
23 Paid-in or capital surplus				
24 Retained earnings - Assets				
25 Retained earnings - Unappropriated				0.
26 Less cost of treasury stock				
27 Total liabilities and stockholders' equity				25,727.

Note: You are not required to complete Schedules M-1 and M-2 below if the total assets on line 15, column (d) of Schedule L are less than \$25,000.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return (see instructions.)

1 Net income (loss) per books	0.	7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax		a Capital losses	
3 Excess of capital losses over capital gains		b Interest	
4 Income subject to tax not recorded on books this year:			
5 Expenses recorded on books this year not deducted on this return (itemize):		8 Deductions on this return not claimed against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Contributions carryover \$		b Charitable carryover \$	
c Travel & entertainment \$			
6 Add lines 1 through 5	0.	9 Add lines 7 and 8	
		10 Income (line 2E, page 1) - line 6 less line 9	0.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year		5 Distributions	a Cash
2 Net income (loss) per books	0.	b Stock	c Property
3 Other increases (itemize):		6 Other decreases (itemize):	
4 Add lines 1, 2, and 3	0.	7 Add lines 5 and 6	
		8 Balance at end of year (line 4 less line 7)	0.

April 15, 1998

Pushbutton Paging & Comm. Inc
Balance Sheet

Page 1

April 15, 1998

ASSETS:

Current Assets:

Cash in Bank

\$75,183.35

TOTAL Current Assets

\$75,183.35

Fixed Assets:

Furniture & Equipment

25,512.45

Accum. Depreciation

(4,819.20)

Start-up Costs

900.00

Accum. Amort.

270.00

TOTAL Fixed Assets

\$21,323.25

TOTAL ASSETS

\$96,506.60

LIABILITIES:

Current Liabilities:

Accounts Payable

\$7,814.22

TOTAL Current Liabilities

\$7,814.22

TOTAL LIABILITIES

\$7,814.22

CAPITAL:

Capital Stock, Common

10,000.00

Year-to-Date Earnings

45,345.00

TOTAL CAPITAL

\$55,345.00

TOTAL LIABILITIES & CAPITAL

\$63,159.22

UNAUDITED

6 Months Ended
June 30, 1997


	<u>-----</u>	<u>-----</u>
Income		
Income	\$383,231.43	100.0%
TOTAL Income	<u>383,231.43</u>	<u>100.0%</u>
Cost of Goods Sold		
Purchases	236,590.47	61.7%
TOTAL Cost of Goods Sold	<u>236,590.47</u>	<u>61.7%</u>
GROSS PROFIT	<u>146,640.96</u>	<u>38.3%</u>
Expenses		
Accounting & Legal	500.00	0.1%
Amortization	30.00	0.0%
Advertising	6,698.00	1.7%
Bank Charges	4,947.41	1.3%
Depreciation	1,100.00	0.3%
Insurance	1,485.00	0.4%
Labor, Salary, & Wages	62,151.90	16.2%
License & Tax	6,420.55	1.7%
Office Expense	5,012.41	1.3%
Payroll Tax	3,642.95	1.0%
Rent	18,005.00	4.7%
Repairs & Maintenance	2,090.90	0.5%
Returned Checks	1,874.02	0.5%
Utilities	5,447.94	1.4%
TOTAL Expenses	<u>119,406.08</u>	<u>31.2%</u>
OPERATING PROFIT	<u>27,234.88</u>	<u>7.1%</u>
NET PROFIT	<u>\$27,234.88</u>	<u>7.1%</u>

EXHIBIT "G"

IN THE UNITED STATES BANKRUPTCY COURT FOR
THE SOUTHERN DISTRICT OF GEORGIA

RE: PUSHBUTTON PAGING & COMMUNICATIONS, INC.
AND LAWRENCE HANSBRO

COMES NOW RONALD J. PAK, BEFORE AN OFFICER DUELY ADMITTED TO TAKE
OATH, VERIFY THAT PUSHBUTTON PAGING & COMMUNICATIONS, INC., LOCATED
AT 2115 WINDSOR SPRING ROAD, SUITE 12, AUGUSTA, GEORGIA 30906, ITS
PRINCIPAL PLACE OF BUSINESS WITHIN THIS JURISDICTION, AND LAWRENCE
HANSBRO OF RICHMOND COUNTY, WHOSE RESIDENCE IS WITHIN THIS
JURISDICTION, HAVE NOT FILED FOR BANKRUPTCY UNDER ANY CHAPTER WITH
THIS COURT AS OF SEPTEMBER 24, 1997


RONALD J. PAK

SWORN TO AND SUBSCRIBED
BEFORE ME THIS 25 DAY
OF SEPTEMBER, 1997



FINANCIAL CAPABILITY

The applicant in question, Lawrence Hansbro, CEO-Push Button Paging & Communications Inc. has sufficient financial capability to provide local telephone services in the state of Florida.

Enclosed is the proof of Mr. Hansbro's sufficient financial capability to maintain the requested services including the documentation that the applicant has sufficient capability to meet its lease or ownership obligations.

Provided is the following information for the first 3 years of the new operation for which the applicant seeks certification.

The business plan assumption: The Company plans to aggressively market and resell local exchange services in the state of Florida. As the company grows, the Company will hire additional personnel according to its plans and strategically locate additional branch offices.

Expected sales by customer class: The Company forecasts that the sales for the residential market will be gradual but steady. On the other hand, business market will need more aggressive marketing and the Company plans to make strategic efforts to penetrate the market.

Gross revenues and cost of goods sold: Operating expenses, income statement, balance sheet, statement of cash flow.

Requests for operating expenses and statement of cash flow will be made available to the commission as required



1. Reason for filling this Application:

- A. This application is for (check all that apply):**
- Sales Tax (collecting tax on resale of merchandise/services)
 - Use Tax (only paying tax on items purchased tax-free which are used in your business)
 - Gross Receipts Tax (Telecommunications & Utilities)
 - Documentary/Stamp Tax
 - Dry-cleaning Sales Tax
- B. This is for a (check one):**
- New business
 - Additional location
- List current Sales & Use Tax registration number:
- Change of: Ownership Legal Entity or County Location; as of (enter date: MM-DD-YY)
- List old Sales & 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 6th Year 1996

Enter the date this business location became or will become liable to collect and remit Florida Sales & Use Tax. If you have been in business for more than 30 days prior to registering, visit your nearest Department of Revenue Service Center to settle your tax liability. Do not use incorporation date unless that is the date your business became liable. Report the date that a rental location became taxable as a result of the tenant occupying the unit.

Push Button Paging Telephone # 706-560-0400

Enter business, trade, or fictitious (d/b/a) name. Area Code Number

Mr. Lawrence Hansbro Daytime Telephone # 706-560-0400

Enter individual, principal partner, or corporate name. Area Code Number

3. Business Location:

Push Button Paging FAX # 706-560-21111

Physical address of business or real property. A Post Office Box is not acceptable. Area Code Number

Lawrence Hansbro ATTN: Augusta GA 30906

City State Zip Code

Richmond Is business located within city limits? Yes No

City State Zip Code

4. Mailing Address:

2115 Windsor Spring Rd.

Enter the address where you want us to mail your tax forms and correspondence. If an agent or management company will be receiving the mail, place the agent's or management company's address in this section.

ATTN: _____ Agent's Telephone # Area Code Number

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

City _____ State _____ Zip Code _____ County _____

8 0 _____ (Enter Consolidated Sales Tax number)

Enter consolidated registration name on record with the Florida Department of Revenue. If you want to obtain a new consolidated number contact the Department and request Form DR-1CON.

6. Federal Employer Identification Number (FEIN)

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. When you receive your FEIN contact the Department. If FEIN is not required or not yet received, enter your Social Security Number (SSN):

FOR DOR OFFICE USE ONLY

MO QU SA AN SE SIC Kind Code Sales & Use Tax # Origin

9. 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 entry. Please write in (e.g. government, civic organization).

Corporation Partnership Trust Sole Proprietorship Professional Assn.
 Other (explain) _____

If corporation or partnership, enter fiscal year ending date -
MM DD

10. Describe your major business activities (please be specific): Wireless Communication: Pagers and Cellular phones.

NOTE: If applying for Documentary Stamp Tax ONLY - go to question 40 and continue.

11. What are the products you purchase for resale to your customers? _____

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

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

13. Do you sell merchandise? _____ Yes No

Wholesale? _____ Yes No

Retail? _____ 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

Protective _____ Yes No

Security alarm system monitoring _____ Yes No

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

If yes, answer the questions in this block.

Food vending machines? _____ Yes No

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

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

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

Amusement Machines Certificate for all of the machines? _____ Yes No

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

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

Amusement Machines Certificate for any of the machines? _____ Yes No

You must complete an Application for Amusement Machines Certificate (Form DR-1^a) if:

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

SECTION OF BUSINESS...

AMUSEMENT/VENDING

SOLID WASTE

- 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 which transport less than nine passengers to individuals or businesses? _____ Yes No

CLEANING

- 27. Do you own or operate a dry-cleaning plant in the State of 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 an additional \$30 for a 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 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

CONTRACTOR

- 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 _____

TELECOMMUNICATIONS/ENERGY

- 37. Do you fabricate/manufacture any building components at a location other than contract sites? _____ Yes No
- 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 service _____ Yes No
Describe _____
- 39. Do you provide billing services to telecommunication service providers? _____ Yes No

CHK # 250.00

July 23, 1998

Florida Public Service Commission
Records & Recording
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399

DEPOSIT
D818

DATE
JUL 28 1998

To whom it may concern:

Enclosed you will find a check in the amount of \$250.00 to provide alternative local service within the state of Florida.

Should you have any questions, please feel free to contact me at (706)560-0400

Sincerely,

Lawrence Hansbro
Lawrence Hansbro, CEO

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
MAIL ROOM
98 JUL 27 AM 9:31

PUSH BUTTON PAGING COMMUNICATION INC. 2115 WINDSONG SPRING RD. 706-690-0400 AUGUSTA, GA 30906		3198 64-26/810 BRANC 24488
DATE <u>7-23-98</u>		
PAY TO THE ORDER OF <u>Florida PSC</u>	\$ <u>250.00</u>	
<u>Two Hundred fifty Dollars</u>		DOLLARS
SouthTrust Bank <small>Augusta, GA</small>	<u>Lawrence Hansbro</u>	
FOR _____		