

DEPOSIT **D 835** DATE **AUG 27 1998** **98103-TC** ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Kenneth M. Voll

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Kenneth M. Voll

3. ADDRESS OF THE APPLICANT(S)
STREET 1720 E. ADAMS DR
CITY MAITLAND
STATE & ZIP CODE FL. 32751

4. TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME:

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

KENNETH M. OR ARLENE A. VOLL
1720 E. ADAMS DR
MAITLAND, FL 32751
Date 8-25-98
Pay to the Order of Florida Public Service Council \$ 100.00
One Hundred and 00/100 Dollars
For Kenneth M. Voll Arlene A. Voll

4288
DOCUMENT NO. DATE
09371 AUG 27 98
ISSUED BY: SPRING