

ORIGINAL

October 19, 1998

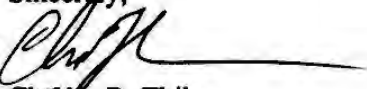
DEPOSIT            DATE  
D022            OCT 21 1998  
981376-TC

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

Dear Sirs:

Please find enclosed our application for Pay Telephone Service, the original and 2 copies, and a check for the \$100.00 application fee.

Sincerely,

  
Charles R. Thibos  
President

93 OCT 21 11:50  
MAIL ROOM

DOCUMENT NUMBER DATE  
11733 OCT 21 98  
FBI/DOJ RECORDS SECTION



Mailing Address: P.O. Box 907 • Homestead, Florida 33090  
Shipping Address: 40351 S. W. 192nd Avenue • Homestead, Florida 33090  
Phone: (305) 247-2628 • Fax: (305) 248-9711

# APPLICATION

1. Name of company;

Everglades Alligator Farm Inc.

2. Name under which applicant will do business (fictitious name, etc.):

Same

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

Everglades Alligator Farm  
P.O. Box 900907  
Homestead, FL 33090

4. Florida address (including street name & number, post office box, city, state, and zip code):

40351 SW 192 Ave  
Homestead FL 33034

5. Structure of organization:

- |  |   |
|--|---|
| <input type="checkbox"/> Individual          | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership    |
| <input type="checkbox"/> Other, _____        |   |

6. **If incorporated in Florida, provide proof of authority to operate in Florida:**

(a) Florida Secretary of State Corporate registration number: 1406131

# APPLICATION

7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 885.09 FS) to operate in Florida: *NA*

(a) Florida Fictitious Name registration number: \_\_\_\_\_

8. F. E. I. Number (if applicable): 59-2608739

9. If individual, provide: *NA*

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

10. If applicant is a partnership, provide name, title and address of all partners and a copy of the partnership agreement. *NA*

a. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

# APPLICATION

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

b. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

1. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: Charles R. Tibor

Title: President

Address: 28024 SW 169 CT

City/State/Zip: Homestead FL 33030

Telephone No.: 305-246-1510 Fax No.: \_\_\_\_\_

Internet E-Mail Address: gotachary@aol.com

Internet Website Address: http://evangelada.com

(b) Official Point of Contact for the ongoing operations of the company:

# APPLICATION

Name: SAME  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: SAME  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, director, or any stockholder has been previously 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, provide explanation.

NA

## APPLICATION

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

No

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14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

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15. List the states in which the applicant:

a. Is currently providing pay telephone service:

None

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# APPLICATION

b. Has applications pending to be certificated as a pay telephone provider:

None

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c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

None

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d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances:

No

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16. Please check (✓) the services that will be provided:

LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER (Describe)

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# APPLICATION

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 1 (one)

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

- PERSONALLY
  - FULL-TIME TECHNICIAN
  - PART-TIME TECHNICIAN
  - SERVICE/REPAIR/MAINTENANCE CONTRACT
  - OTHER (Describe)
- 
- 
- 

19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)

Yes ( ) No

Explain: \_\_\_\_\_

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20. Will each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29.4 and 4.29.8 of the American National Standard Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People (Attachment F, ANSI STANDARDS)(See Rule 25-24.515(14), F.A.C.).

Yes ( ) No



**\*\* APPLICANT ACKNOWLEDGEMENT STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

**UTILITY OFFICIAL:**

Charles R. Jell  
Signature

10-19-98

Date

President

Title

305-247-2628

Telephone No.

Address:

Everglades Alligator Farm

POB. 900907

Homestead FL 33090

Fax No.

305-248-9711

**ATTACHMENTS:**

A - Affidavit

B - Applicant Acknowledgment



**APPLICANT ACKNOWLEDGEMENT**

Applicant: Every Led's Alligator Farm, Inc.

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature:  Date: 10-19-98

Printed Name: Charles R. Thomas

Title: President

Address: PO Box 900907

Homestead FL 33090

Telephone No. 305-277-2628

Fax No. 305-248-9711

**THIS ACKNOWLEDGEMENT FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**

October 19, 1998

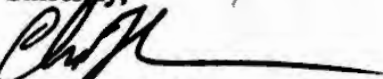
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FLORIDA RECORDS REPORTING

EVERGLADES ALLIGATOR FARM, INC.  
P. O. BOX 907  
HOMESTEAD, FL 33080  
(305) 247-8888

COMMUNITY BANK OF HOMESTEAD  
HOMESTEAD, FL  
63-888670

13965

10/19/98

\*\*100.00

DATE

AMOUNT

\*\*One Hundred And 00/100 Dollars\*\*\*\*\*

Florida Public Service Commission  
59-2608739 application fee

EVERGLADES ALLIGATOR FARM, INC.

  
AUTHORIZED SIGNATURE

PAY TO THE ORDER OF: