

981578-TC

1. Name of company;

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

M P D PHONE SERVICES

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

773 South Orlando Avenue

Cocoa Beach, FL 32931

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

Same as above

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other, _____

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

(a) **Florida Secretary of State Corporate registration number:** N/A

APPLICATION

7. **If using fictitious name-d/b/a**, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:

(a) **Florida Fictitious Name registration number:** G98301000124

8. **F. E. I. Number** (if applicable): N/A

9. **If individual**, provide;

Name: J. Peter DeCioccio

Title: Proprietor

Address: 773 South Orlando Avenue

City/State/Zip: Cocoa Beach, FL 32931

Telephone No.: 407-783-9275 **Fax No.:** _____

Internet E-Mail Address: N/A

Internet Website Address: N/A

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

a. **Name:** N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

APPLICATION

Internet E-Mail Address: _____

Internet Website Address: _____

b. Name: N/A _____

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: J. Peter DeCioccio _____

Title: Proprietor _____

Address: 773 South Orlando Avenue _____

City/State/Zip: cocoa Beach, FL 32931 _____

Telephone No.: 407-783-9275 Fax No.: N/A _____

Internet E-Mail Address: N/A _____

Internet Website Address: N/A _____

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

APPLICATION

Name: J. Peter DeCioccio
Title: Proprietor
Address: 773 South Orlando Avenue
City/State/Zip: cocoa Beach, FL 32931
Telephone No.: 407-784-5952 **Fax No.:** N/A
Internet E-Mail Address: N/A
Internet Website Address: N/A

(c) Complaints/Inquiries from customers:

Name: J. Peter DeCioccio
Title: Proprietor
Address: 773 South Orlando Avenue
City/State/Zip: Cocoa Beach, FL 32931
Telephone No.: 407-783-9275 **Fax No.:** N/A
Internet E-Mail Address: N/A
Internet Website Address: N/A

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.

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

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

15. List the states in which the applicant:

a. Is currently providing pay telephone service:

None at present

APPLICATION

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

None

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

None

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

None

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

LOCAL	<input type="checkbox"/>
LONG DISTANCE	<input type="checkbox"/>
COIN	<input type="checkbox"/>
CALLING CARD	<input type="checkbox"/>
CREDIT CARD	<input type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

911, 411, 555-1212, 10XXX, 1010XXX,
950-XXXX, 1-800, 211 (refund, repair)

APPLICATION

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 12

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

PERSONALLY	<input checked="" type="checkbox"/>
FULL-TIME TECHNICIAN	<input type="checkbox"/>
PART-TIME TECHNICIAN	<input type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/>

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.)

(X) Yes () No

Explain: _____

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.).

(X) 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:

Signature	<u><i>J Peter De Cicco</i></u>	<u>11-6-98</u>
		Date
Proprietor	<u></u>	<u>407-783-9275</u>
Title		Telephone No.

Address: 773 S. Orlando Avenue
Cocoa Beach, FL 32931

Fax No.

ATTACHMENTS:

- A - Affidavit
- B - Applicant Acknowledgment

AFFIDAVIT

By my signature below, I, the undersigned owner/officer, 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.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names or addresses listed in the application within 10 days of the change.

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."

UTILITY OFFICIAL:

Signature: J Peter DeCioccio 11-6-98
Date

J. Peter DeCioccio

Printed Name:

Proprietor

Title: Fax No.

Address: 773 S. Orlando Avenue
Cocoa Beach, FL 32931

APPLICANT ACKNOWLEDGEMENT

Applicant: J. Peter DeCioccio

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

Signature: *J Peter DeCioccio* **Date:** 11 -6-98

Printed Name: J. Peter DeCioccio

Title: Proprietor

Address: 773 S. Orlando Avenue
Cocoa Beach, FL 32931

Telephone No. 407-783-9275

Fax No. _____

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.

APPLICATION DEPOSIT DATE
DO30 NOV 09 1998

1. Name of company;
 _____ 981578-TC _____

2. Name under which applicant will do business (fictitious name, etc.):
 _____ M P D PHONE SERVICES _____

3. Official mailing address (including street name & number, post office box, city, state, and zip code).
 _____ 773 South Orlando Avenue _____
 _____ Cocoa Beach, FL 32931 _____

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

5. Structure of organization:
 Individual () Corporation
 General Partnership () Limited Partnership

RECEIVED
 NOV 11 1998
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

J. PETER DEGIOCCIO
 PHONE 407-284-9439
 773 S. ORLANDO AVE
 COCOA BEACH, FL 32931

Date: 11-6-98 325

Pay to the order of: Florida Public Service Commission \$ 100.00
One hundred and 00/100 Dollars

SPACE COAST CREDIT UNION
 COCOA BEACH, FL 32909

For: License J. Peter DeGioccio

Site in Florida:
 Number: N/A

DOCUMENT NUMBER - DATE
12562 NOV-98
 FPSC-RECORDS/REPORTING



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 19, 1995

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

The Articles of Incorporation for OUTREACH OF AMERICA, INC. were filed on January 19, 1995 and assigned document number N95000000274. Please refer to this number whenever corresponding with this office regarding the above corporation.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Tim Murphy, Corporate Specialist
New Filings Section

Letter Number: 595A00002318

Account number: 072100000032

Account charged: 70.00

ARTICLES OF INCORPORATION
OF
OUTREACH OF AMERICA, INC.
A NONPROFIT CORPORATION

FILED
95 JAN 19 PM 3:23
SECRET
TALLAHASSEE, FLORIDA

We, the undersigned, with other persons being desirous of forming a nonprofit corporation, under the provisions of Chapter 617 of the Florida Statutes, do agree to the following:

ARTICLE I.

The name of the corporation shall be:

OUTREACH OF AMERICA, INC.

The address of the principal office of this corporation shall be 775 Creighton Road, Orange Park, Florida 32073, and the mailing address of the corporation shall be the same.

ARTICLE II.

Said corporation is organized exclusively for charitable, religious, educational, literary and scientific purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law.

Notwithstanding any other provision of these articles, this corporation will not carry on any other activities not permitted to be carried on by an organization exempt

from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law.

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future Internal Revenue Code, or to the Federal, State, or local government for exclusive public purpose.

ARTICLE III.

The manner in which the directors are to be elected or appointed is as stated in the bylaws.

ARTICLE IV.

The name and address of the incorporator of these Articles is:

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, Florida 32301

ARTICLE V.

This corporation is to exist perpetually.

ARTICLE VI.

The names and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Steve Duncan Pres./Treas.	775 Creighton Road Orange Park, Florida 32073
Sherry Duncan V. Pres./Sec.	Same

ARTICLE VII. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have three Directors, initially. The names and addresses of the initial members of the Board of Directors are:

Steve Duncan Dir.	775 Creighton Road Orange Park, Florida 32073
Sherry Duncan Dir.	Same
Martina Kohler Dir.	369 Blanding Boulevard Orange Park, Florida 32073

ARTICLE VIII.

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

IN WITNESS THEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc. on January 19, 1995.

Corporation Information Services, Inc.

By: Karen B. Rozar
Its Agent, Karen B. Rozar

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: Karen B. Rozar
Its Agent, Karen B. Rozar