

DEPOSIT DATE
D066 JAN 21 1999

APPLICATION

1. Name of company:

Billy Richard Wilson

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

Billy Richard Wilson

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

3022 S.E. 17th Ave
Cape Coral FL 33904

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

3022 S.E. 17th Ave.
Cape Coral FL 33904

5. Structure of organization:

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

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

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

DOCUMENT NUMBER-DATE

00880 JAN 22 99

FPSC-RECORDS/REPORTING

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: _____

8 F. E. I. Number (if applicable): _____

9 If individual, provide:

Name: Billy Richard Wilson

Title: owner SS# 237646563

Address: 3022 SE 17th Ave

City/State/Zip: Cap Coral FL 33904

Telephone No.: 941 540 8442 Fax No.: NONE

Internet E-Mail Address: NONE

Internet Website Address: NONE

10. If 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: _____

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: Billy Richard Wilson

Title: OWNER

Address: 3022 17th Ave

City/State/Zip: Cape Coral FL 33904

Telephone No.: 941 540 8442 Fax No.: —

Internet E-Mail Address: —

Internet Website Address: —

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

Name: Billy Richard Wilson

APPLICATION

Title: OWNER

Address: 3022 SE 17th Ave

City/State/Zip: Cape Coral FL 33904

Telephone No.: 941 5408442 Fax No.: —

Internet E-Mail Address: —

Internet Website Address: —

(c) Complaints/Inquiries from customers:

Name: Billy Richard Wilson

Title: OWNER

Address: 3022 SE 17th Ave

City/State/Zip: Cape Coral FL 33904

Telephone No.: 941 5408442 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.

Billy Richard Wilson filed for Personal
Bankruptcy in July of 1994 - All Debts
of Bankruptcy were discharged July, 1994

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, or 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 other states in which the applicant:

a. Is currently providing pay telephone service. *None*

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

None

APPLICATION

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

NO

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

NO

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

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

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 40

APPLICATION

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: No call blocking or access # 3

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(13), F.A.C.).

Yes () No

APPLICANT ACKNOWLEDGMENT

Applicant: Billy Richard Wilson

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

Signature: Billy Richard Wilson Date: 1-10-99

Printed Name: Billy Richard Wilson

Title: owner

Address: 3022 SE 17th Ave
Cape Coral FL 33904

Telephone No. 941 340 8442

Fax No. —

THIS ACKNOWLEDGMENT 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.

990081-TC

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D O G G A JAN 21 1999

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Cape Coral FL 33904

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Individual () Corporation
() General Partnership () Limited Partnership

B R WILSON
3022 S E 17TH AVE.
CAPE CORAL, FL 33904-4005
941-540-8442

1915

63-1202/670
BRANCH 92633

1-10-99 Date

Pay to the order of Florida Public Service Commission \$ 100 ⁰⁰/₁₀₀

One Hundred and 00/100 Dollars Security Features Microprint Serials Watermark

SouthTrust Bank
Lalugh Area, FL

Silver Service

For

BR Wilson

State in Florida:

Number: _____

DOCUMENT NUMBER-DATE

00880 JAN 22 99

FPSR-REG/RS/REPORTING

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