

APPLICATION

1. Name of company;

Southern Telecom Communications, Inc.

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

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

Post Office Box 274122

Tampa, Florida 33688

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

6706 Benjamin Road

Suite 100

Tampa, Florida 33634

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:** P93000054397

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of SOUTHERN TELECOM COMMUNICATIONS, INC., a Florida corporation, filed on August 2, 1993, as shown by the records of this office.

The document number of this corporation is P93000054397.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Fourth day of August, 1993



CR2EO22 (2-91)

A handwritten signature in cursive script that reads "Jim Smith".

Jim Smith
Secretary of State

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): 59-320-0916

9. If individual, provide;

Name: N/A

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.

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: Carole M. Colvin _____

Title: CEO/President _____

Address: 6706 Benjamin Road, Suite 100 _____

City/State/Zip: Tampa, Florida 33634 _____

Telephone No.: 813-880-0932 Fax No.: 813-880-0908 _____

Internet E-Mail Address: STELCOM@gte.net _____

Internet Website Address: _____

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

APPLICATION

Name: Carole M. Colvin
Title: CEO/President
Address: 6706 Benjamin Road, Suite 100
City/State/Zip: Tampa, Florida 33634
Telephone No.: 813-880-0932 Fax No.: 813-880-0908
Internet E-Mail Address: STELCOM@gte.net
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Carole M. Colvin
Title: CEO/President
Address: 6706 Benjamin Road, Suite 100
City/State/Zip: Tampa, Florida 33634
Telephone No.: 813-880-0932 Fax No.: 813-880-0908
Internet E-Mail Address: STELCOM@gte.net
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.

N/A

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:

N/A

APPLICATION

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

No

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)

Installation, Maintenance, Repair
Collection Services

APPLICATION

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 118

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

PERSONALLY	<input type="checkbox"/>
FULL-TIME TECHNICIAN	<input checked="" 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:

<u>Carole M. Colvin</u>	<u>1-20-99</u>
Signature	Date
<u>CEO/President</u>	<u>813-880-0932</u>
Title	Telephone No.

Address: 6706 Benjamin Road, Suite 100
Tampa, Florida 33634

Fax No. 813-880-0908

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:

Carole M. Colvin 1-20-99
Signature: _____ Date _____

Carole M. Colvin
Printed Name: _____

CEO/President 813-880-0932
Title: _____ Fax No. _____

Address: 6706 Benjamin Road
Suite 100
Tampa, Florida 33634

APPLICANT ACKNOWLEDGEMENT

Applicant: Southern Telecom Communications, 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: Carole M. Colvin **Date:** 1-20-99

Printed Name: Carole M. Colvin

Title: CEO/President

Address: 6706 Benjamin Road, Suite 100
Tampa, Florida 33634

Telephone No. (813) 880-0932

Fax No. (813) 880-0908

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.

OCL-1L
REV 98

1998-99 HILLSBOROUGH COUNTY OCCUPATIONAL LICENSE EXPIRES 9-30-99

FOLIO NO.

FACILITIES OR MACHINES	ROOMS	SEATS	EMPLOYEES 000-005	RENEWAL	29171.0000(6)
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OCC. CODE

BUSINESS TYPE

H. WASTE
SURCHARGE

TAX

280.000 PUBLIC SERVICE- CABLE INSTALL

22.00

BUSINESS
LOCATION

6706 BENJAMIN RD 100
TAMPA 33634

NAME
MAILING
ADDRESS

SOUTHERN TELECOM COMMUNICATIONS INC
6706 BENJAMIN RD
SUITE 100
TAMPA, FL 33634-4419

JOE GRECO, TAX COLLECTOR
813-307-6538

PAID JOE GRECO 11/04/98 13:24 JYL
00000327-004 24.20 CK 4106 L
DUPLICATE RECEIPT

IS HEREBY LICENSED TO ENGAGE IN BUSINESS,
PROFESSION, OR OCCUPATION SPECIFIED HEREON.

THIS BECOMES A TAX RECEIPT WHEN VALIDATED.
(SEE REVERSE SIDE)

4106 02917100006 000022004 000000000

*Florida Statewide
&
Inter-Local Certification*



Florida Department of Labor and Employment Security
Minority Business Advocacy and Assistance Office

Southern Telecom Communications, Inc.

is certified as a Minority Business Enterprise
under the provisions of Chapter 287, Florida Statutes and Inter-Local Agreement,
for a one year period from October 28, 1998 to October 28, 1999


Executive Director


Certification Manager



CITY OF TAMPA

W/MBE Program Office

December 11, 1998

CAROLE COLVIN
SOUTHERN TELECOM COMMUNICATIONS INC
6706 BENJAMIN RD., STE 100
TAMPA, FL 33634

RE: W/MBE CERTIFICATION

Dear MS. COLVIN,

In accordance with the Statewide and Inter-local Minority Business Enterprise agreement, your MBE certification with the State Minority Business Advocacy and Assistant Office is accepted by the City of Tampa.

Designation: BLACK

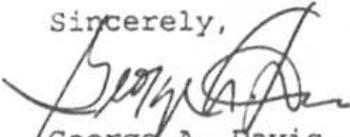
Your Certification I.D. is W/MBE-DMS7013-10/28/99.

The effective dates of your certification are from 10/28/98 to 10/28/99. This certification is applicable only in the following areas:

VOICE, DATA, VIDEO, INTERCOM AND SOUND SYSTEMS CABLE
INSTALLATION

If you have any questions on this matter, please call (813) 274-8192.

Sincerely,


George A. Davis
W/MBE Manager

bc

Hillsborough County School Board

Glenn Barrington, Chairman
Candy Olson, Vice Chairman
Carolyn Brickleymer
Sharon H. Danaher
Carol W. Kurdell
Joe E. Newsome
Coris Ross Reddick



HILLSBOROUGH COUNTY PUBLIC SCHOOLS

Superintendent of Schools
Earl J. Lennard, Ph.D.

Deputy Superintendent:
Beth Shields

Assistant Superintendent
for Operations
James P. Hamilton, Ph.D.

Director of Planning
and Construction
J. Thomas Blackwell

September 17, 1998

Ms. Carole M. Colvin
Southern Telecom Communications, Inc.
P. O. Box 274122
Tampa, Florida 33688

Re: Minority/Small Business Enterprise Re-Certification
Effective Date: September 15, 1998 - September 15, 1999

Dear Ms. Colvin:

The Minority and Small Business Enterprise Office has reviewed your application for re-certification as a Minority/Small Business Enterprise. Your application with the Hillsborough County School Board has been approved for a period of one (1) year, commencing with the effective date as noted above.

You should notify this office within fourteen (14) days upon any change in the control or operation of the business.

Certification granted in the following area(s): **MBE/SBE (W) - Telecommunications/Cabling**

Notices of Invitation to Bid/Requests for Proposals are published in the legal classifieds of area newspapers. When appropriate, this office will advise you of potential opportunities, as they become available.

Thank you for your interest and participation in the Hillsborough County School's Minority/Small Business Enterprise Program. Should you have questions, you may contact us at (813) 272-4949.

Sincerely,

A handwritten signature in black ink, appearing to read "Terrell Jacobs", is written over a horizontal line.

Terrell Jacobs, Manager
MBE/SBE Planning and Construction

gcs

cc: File

This Certificate Hereby Acknowledges

Southern Telecom Communications

has met all requirements as set forth in the Articles of Incorporation and By-Laws of the
National Minority Supplier Development Council of Florida, Inc.
for recognition as a

Certified
MINORITY BUSINESS ENTERPRISE

For The Period September 4, 1998 through September 4, 19 99.

Approved Category(s) of Business:

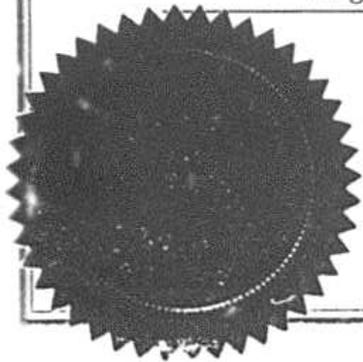
Engineering/Installation of fiber optics and other cabling media for data, voice, video and intercom

IN WITNESS WHEREOF, the undersigned officer hereby sets their hand and Seal

This 4th day of September, 19 98.

Malik Ali

Executive Director



990089-TC

APPLICATION
DEPOSIT

99 JAN 25 AM 9 58
MAIL ROOM

1. Name of company;

Southern Telecom Communications, Inc.

D069

JAN 25 1999

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

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

Post Office Box 274122

Tampa, Florida 33688

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

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Suite 100

Tampa, Florida 33634

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

SOUTHERN TELECOM
COMMUNICATIONS
PH. 813-880-0932
6706 BENJAMIN ROAD, SUITE 100
TAMPA, FL 33634

63-27/031 FL
1075

2052

Date 1/20/99

Pay to the
Order of Florida Public Service Commission \$ 100.00

One hundred and 00/100 -----Dollars

NationsBank
National Bank, N.A.

ACH RVT 083100277

For Application Fee

te in Florida:

number: P93000054397

01021-99
1-25-99