

APPLICATION

DEPOSIT
D068

DATE
JAN 25 1993

1. Name of company;

BEACH ONE TELECOM 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).

138 FIFTH AVE. (P.O. BOX 3701) ^{NSI} _{VA}
INDIALANTIC FL 32903

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

SAME

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: P9900003591

DOCUMENT NO.
01023-99
1-25-99

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: _____

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:** _____

Title: _____

Address: _____

City/State/Zip: _____

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

APPLICATION

Internet E-Mail Address: BEACH ONE @ USA . NET

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: GEORGE K BODFISH

Title: OPERATION MANAGER

Address: 138 FIFTH AV

City/State/Zip: INDIALANTIC RL 3903

Telephone No.: 407-722-9623 Fax No.: 407-722-2623

Internet E-Mail Address: BEACH ONE @ USA . NET

Internet Website Address: -

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

APPLICATION

Name: GEORGE K. BODFIN
Title: OPERATION MANAGER
Address: 139 FIFTH AVE
City/State/Zip: INDIANWELL FL 32903
Telephone No.: 407-722-9623 Fax No.: 407-722-2623
Internet E-Mail Address: BODFIN@UJA.NET
Internet Website Address: —

(c) Complaints/Inquiries from customers:

Name: GEORGE K. BODFIN
Title: OPERATION MANAGER
Address: 139 FIFTH AVE
City/State/Zip: INDIANWELL FLA 32903
Telephone No.: 407-722-9623 Fax No.: 407-722-2623
Internet E-Mail Address: BODFIN@UJA.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.

NONE

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.

YES

~~NO~~

GEORGE K. BODFISH

ACTIVE CERTIFICATE

93-0728

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.

15. List the states in which the applicant:

a. Is currently providing pay telephone service:

FLORIDA (HAVE CERTIFICATE UNDER GEORGE K
BODFISH

93-0728

CHANGING OVER TO DEAN ODE TESSON INC (NEW CORP.)

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

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

APPLICATION

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 179 - OPERATING AT PRESENT UNDER "GEORGE BODFNA"

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: _____

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

Applicant: BEACH ONE TELECOM

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: 1/11/99

Printed Name: GEORGE K. BODFISH

Title: OPERATION MANAGER

Address: BEACH ONE TELECOM
138-B Fifth Ave.
Indianapolis, FL 32903
(407) 722-9623

Telephone No. 407-722-9623

Fax No. 407-722-2623

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.

AFFIDAVIT

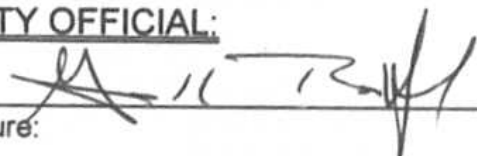
By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable 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:



Date

1/1/99

Printed Name:

GEORGE K. DOOFT

Title:

OPERATION MANAGER

Fax No.

407-722-2629

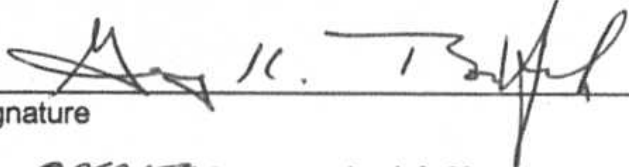
Address:

BEACH ONE TELECOM
138-B Fifth Ave
Indialantic, FL 32903
(407) 722-8823

**** 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  Date 1/1/99
Title OPERATIONS MANAGER Telephone No. 407-722-9623

Address: BEACH ONE TELECOM
139-B Fifth Ave.
Indianapolis, FL 33003
(407) 722-9623

Fax No. 407-722-2623

ATTACHMENTS:

- A - Affidavit
- B - Applicant Acknowledgment



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 13, 1999

GEORGE K BODFISH
138 5TH AVE
INDIALANTIC, FL 32903

The Articles of Incorporation for BEACH ONE TELECOM, INC. were filed on January 11, 1999 and assigned document number P99000003591. 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.

Freida Chesser, Corporate Specialist
New Filings Section

Letter Number: 999A00001676

APPLICATION

99 JUL 22 11 08 08

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgement Card, and a non-refundable **application fee of \$100.00 to:**

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

- ◆ If you have **questions about completing the form, contact:**

Florida Public Service Commission
Division of Communications
Bureau of Certification and Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

APPLICATION

DEPOSIT

DATE

D068

JAN 25 1999

1. Name of company;

BEACH ONE TELECOM INC.

990091-TC

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).

138 FIFTH AVE. (P.O BOX 3701) NOT
INDIALANTIC FL 32903 VA

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

SAME

5. Structure of organization:

NationsBank

Cashier's Check

No. 2014277

Not valid for cashing if this check is lost, misplaced or stolen, a "Pay to the order of" check and a "Pay to the order of" check required prior to replacement. This check should be cashed within 90 days.

30-1/1140

99-18-0110-10-000000

Date

INDIALANTIC

INDIALANTIC

01-20-99

Pay To The Order Of

PUBLIC SERVICE COMMISSION***

*****100.00**

If this check is not returned for cancellation by the remitter or presented for payment by the payee or an endorsee within one year after its date, it will be subject to a nonrefundable dormancy fee of \$5.00 per month thereafter.

ONE HUNDRED AND 00/100

Dollars

NOT VALID IF OVER

\$100.00

DOCUMENT NO.

01003-99

1-25-99

Barbara Traeman
Authorized Signature

BEACH ONE TELECOM II
Remitter (Purchased By)

NationsBank, N.A.
San Antonio, TX 78204-1115