

RECEIVED  
STATE SERVICE COMMISSION

99 MAR -2 PM 1:48

MAIL ROOM DEPOSIT DATE  
APPLICATION D095 MAR 02 1999

1. Name of company:

990242-TC

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

WILLIAM A REDDITT JR

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

PO Box 301  
STUART FLA 34995

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

65902 SW MISTLETOE LANE  
PO Box 301  
STUART FLA 34995

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  
02658 MAR -2 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: WILLIAM A REDDITT JR.

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

Address: PO Box 301

City/State/Zip: STUART FLA 34995

Telephone No.: 561-287-5886 Fax No.: 561-286-0978

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

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

10. If 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: \_\_\_\_\_

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: William A Redditt Jr.

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

Address: PO Box 301

City/State/Zip: STUART FLA 34995

Telephone No.: 561-287-5886 Fax No.: 561-286-0978

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

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

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

Name: William A Redditt Jr.

APPLICATION

Title: \_\_\_\_\_  
Address: PO Box 301  
City/State/Zip: STUART FLA 34995  
Telephone No.: 561-287-5886 Fax No.: 561-286-0978  
Internet E-Mail Address: \_\_\_\_\_  
Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name: William A Redditt Jr.  
Title: \_\_\_\_\_  
Address: PO Box 301  
City/State/Zip: STUART FLA 34995  
Telephone No.: 561-287-5886 Fax No.: 561-286-0978  
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.

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.

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.

---

# APPLICATION

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

---

---

---

---

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

---

---

---

---

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: 20

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: \_\_\_\_\_

---



---



---

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 FEE/TAX 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 William A. Smith Jr. Date 2/26/99  
Title \_\_\_\_\_ Telephone No 561-287-5886

Address: \_\_\_\_\_  
          PO Box 301  
          STUART FLA 34995  
          \_\_\_\_\_

Fax No. 561-286-0978

**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: William A Redditt Jr. Date: 7/26/99

Printed Name: WILLIAM A REDDITT JR.

Title: \_\_\_\_\_ Fax No: 561-286-0978

Address: PO Box 301  
STUART FLA 34995

**\*\*APPENDIX B\*\***

### APPLICANT ACKNOWLEDGMENT

Applicant: William A Redditt Jr.

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

Signature: William A Redditt Jr. Date: 2/26/99

Printed Name: WILLIAM A REDDITT JR.

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

Address: \_\_\_\_\_  
PO Box 301  
STUART FL 34995

Telephone No. 561-287-5886

Fax No. 561-286-0978

**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.**

RECEIVED  
MAR 2 1999  
MAIL ROOM DEPOSIT  
APPLICATION D095 #

990242-TC

DATE  
MAR 02 1999

1. Name of company:

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

WILLIAM A REDDITT JR

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

PO Box 301  
STUART FLA 34995

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

65902 SW MISTLETOE LANE  
PO Box 301  
STUART FLA 34995

5. Structure of organization:

Individual  Corporation

Ford Money Market Account

WILLIAM A. REDDITT, JR.  
ADDIE V. REDDITT JT TEN  
P.O. BOX 301  
STUART, FL 34995

1141

Partnership

PAY TO THE ORDER OF

Florida Public Service Commission

\$ 100.00

in Florida:

One Hundred and no/100

DOLLARS

per:

THE NORTHERN TRUST COMPANY

NOT VALID FOR LESS THAN \$250.00.

PAYABLE THROUGH: ABA # 0710-00152  
NORTHERN TRUST BANK/DU PAGE  
OAKBROOK, IL 60521  
1-800-462-2614

ONE SIGNATURE REQUIRED

MEMO

Application For Payment

William A Redditt Jr

DOCUMENT NUMBER-DATE

02658 MAR-2 99

FPSC-RECORDS/REPORTING

40:50 06 12 000