

DEPOSIT

DATE

D097

MAR 05 1999

1. Name of company or name of individual (not fictitious name or d/b/a):

Lakeshore Car Care, Inc.

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

Lakeshore Car Wash

3. Official mailing address:

Street: 991 U.S. 27 North

P.O. Box:

City: Sebring

State: Florida

Zip: 33870

4. Florida address:

Street: 991 U.S. 27 North

P.O. Box:

City: Sebring

State: Florida

Zip: 33870

5. Structure of organization:

( ) Individual

() Corporation

( ) General Partnership

( ) Limited Partnership

( ) Other:

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

Florida Secretary of State  
Corporate Registration Number:

P97000060300

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name  
Registration Number: \_\_\_\_\_

N/A

8. F.E.I. Number (if applicable): \_\_\_\_\_ 59-3457478

9. If individual, provide:

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

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

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

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

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

10. Partnership (continued)

b. **Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
**Internet E-Mail Address:** \_\_\_\_\_  
**Internet Website Address:** \_\_\_\_\_

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

**Name:** Gary L. Gwynn  
**Title:** General Manager  
**Address:** 991 U.S. 27 North  
**City/State/Zip:** Sebring, FL 33870  
**Telephone No.:** 941-471-9274 **Fax No.:** to be determined  
**Internet E-Mail Address:** -----  
**Internet Website Address:** -----

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

**Name:** Gary L. Gwynn  
**Title:** General Manager  
**Address:** 991 U.S. 27 North  
**City/State/Zip:** Sebring, FL 33870  
**Telephone No.:** 941-471-9274 **Fax No.:** to be determined  
**Internet E-Mail Address:** -----  
**Internet Website Address:** -----

12. Indicate if applicant or any subsidiary, partner, officers, directors, 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.

NO

If so, provide explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 certified 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
- (✓) 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: 3

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 installed pay telephones provide access to all locally available long distance carriers via 10X~~X~~X+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

Yes

No Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

Yes

No Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **\*\*APPLICANT FEE/TAX STATEMENT\*\***

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 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 the 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:**

|                                    |  |
|------------------------------------|--|
| Gary L. Gwynn                      |  |
| <b>Print Name</b>                  | <b>Signature</b>   |
| General Manager                    | March 3, 1999  |
| <b>Title</b>                       | <b>Date</b>  |
| 941-471-9274                       | to be determined   |
| <b>Telephone No.</b>               | <b>Fax No.</b>   |
| <b>Address:</b> Lakeshore Car Wash |  |
| 991 U.S. 27 North                  |  |
| Sebring, FL 33870                  |  |
|                                    |  |
|                                    |  |

## \*\*ACKNOWLEDGMENT\*\*

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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:

Gary L. Gwynn  
\_\_\_\_\_  
**Print Name**

General Manager  
\_\_\_\_\_  
**Title**

941-471-9274  
\_\_\_\_\_  
**Telephone No.**

**Address:** Lakeshore Car Wash  
\_\_\_\_\_  
991 U.S. 27 North  
\_\_\_\_\_  
Sebring, FL 33870  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
**Signature**

March 3, 1999  
\_\_\_\_\_  
**Date**

to be determined  
\_\_\_\_\_  
**Fax No.**

## **\*\*APPLICANT ACKNOWLEDGMENT\*\***

**Applicant:** Lakeshore Car Care, Inc. (Lakeshore Car Wash)

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

Gary L. Gwynn  
**Print Name**

General Manager  
**Title**

941-471-9274  
**Telephone No.**

**Address:** Lakeshore Car Wash  
991 U.S. 27 North  
Sebring, FL 33870

  
**Signature**

March 3, 1999  
**Date**

to be determined  
**Fax No.**

**THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**

# State of Florida



## Department of State

I certify from the records of this office that LAKESHORE CAR CARE, INC. is a corporation organized under the laws of the State of Florida, filed on July 10, 1997, effective July 7, 1997.

The document number of this corporation is P97000060300.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1997, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capitol, this the  
Eleventh day of July, 1997



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 11, 1997

INDIAN RIVER TRANSPORT  
ATTN: GEORGE T. MACCONNELL  
P.O. BOX 2119  
WINTER HAVEN, FL 33883

The Articles of Incorporation for LAKESHORE CAR CARE, INC. were filed on July 10, 1997, effective July 7, 1997 and assigned document number P97000060300. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

**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 RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT 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.

John Nedeau, Document Specialist  
New Filing Section

Letter Number: 697A00035726

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of LAKESHORE CAR CARE, INC., a Florida corporation, filed on July 10, 1997 effective July 7, 1997, as shown by the records of this office.

The document number of this corporation is P97000060300.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capitol, this the  
Eleventh day of July, 1997



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State

**ARTICLES OF INCORPORATION  
OF  
LAKESHORE CAR CARE, INC.**

The undersigned, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I      NAME**  
The name of the Corporation shall be:

**Lakeshore Car Care, Inc.**

FILED  
97 JUL 18 AM 8 52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II      PRINCIPAL OFFICE**  
The principal place of business and mailing address of this Corporation shall be: 07-07-97

2580 Executive Road  
Winter Haven, FL 33884-1163

P. O. Box 2119  
Winter Haven, FL 33883-2119

**ARTICLE III      COMMENCEMENT OF CORPORATE EXISTENCE**  
In accordance with Sections 607.0123 and 607.0203, Florida Statutes, the time and date when corporate existence shall commence is 12:01 a.m. on July 7, 1997.

**ARTICLE IV      PURPOSE**  
The general purposes for which the Corporation is organized are the following:  
A. To engage in and transact any lawful business for which corporations may be incorporated under Chapter 607 Florida Statutes. No other purpose limits this general purpose in any way.  
B. To do such other things as are incidental to the purposes of the Corporation or necessary or desirable in order to accomplish them.

**ARTICLE V      SHARES**  
The aggregate number of shares which the Corporation is authorized to issue is one thousand (1,000) shares of common stock. Such shares shall be of a single class and shall have a par value of \$1.00 per share.

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

George T. MacConnell, CFO  
Indian River Transport Co.  
2580 Executive Road  
Winter Haven, Florida 33884

**ARTICLE VII INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

John J. Harned, Jr.  
Director  
2580 Executive Road  
Winter Haven, FL 33884-1163

Gary L. Gwynn  
Director  
2580 Executive Road  
Winter Haven, FL 33884-1163

George T. MacConnell  
Secretary/Treasurer  
2580 Executive Road  
Winter Haven, FL 33884-1163

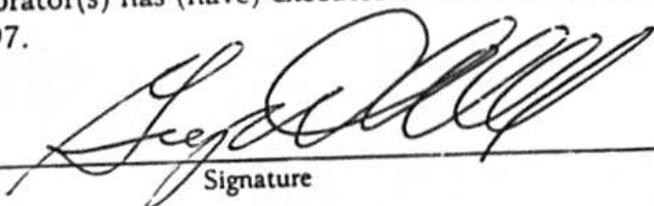
**ARTICLE VIII AMENDMENT**

The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the Shareholders is subject to this reservation.

**ARTICLE IX BYLAWS**

The power to adopt, alter, amend and repeal the Bylaws shall be vested in the Board of Directors, but all alterations, amendments and repeals of the Bylaws must be approved by a majority of the Shareholders.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 8th day of July, 1997.

  
\_\_\_\_\_  
Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Corporation is **LAKESHORE CAR CARE, INC.**
2. The name and address of the registered agent and office is:

George T. MacConnell  
(Name)

2580 Executive Road  
(Physical Address)

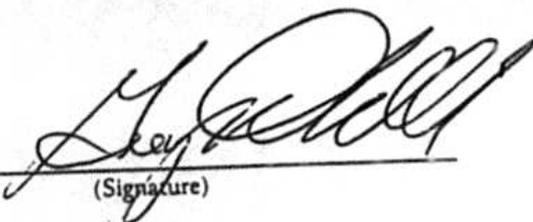
Winter Haven, Florida 33884  
(City/State/Zip)

FILED  
97 JUL 10 AM 8 52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

EFFECTIVE DATE

07-07-97

  
(Signature)

7/8/97  
(Date)

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

**DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE 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. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form, 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 Service Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600**

RECEIVED  
10 23 99  
ADMINISTRATION  
MAIL ROOM

DEPOSIT DATE  
D 0 9 7 MAR 0 3 1999

1. Name of company or name of individual (not fictitious name or d/b/a):  
Lakeshore Car Care, Inc.

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

3. Official mailing address:  
Street: 991 U.S. 27 North  
P.O. Box:  
City: Sebring  
State: Florida Zip: 33870

4. Florida address:  
Street: 991 U.S. 27 North  
P.O. Box:  
City: Sebring  
State: Florida Zip: 33870

5. Structure of organization:  
( ) Individual  
() Corporation

DOCUMENT NUMBER - DATE  
02905 MAR-56  
FISC-RECORDS/REPORTING

LAKESHORE CAR CARE INC 12-98  
2580 EXECUTIVE RD  
WINTER HAVEN, FL 33883

1009

PAY TO THE ORDER OF Florida Public Service Commission

DATE March 3, 1999

\$ 100.00\*\*\*\*

One Hundred & XX/100

DOLLARS  Payable to Cash



Lakeshore Car Wash-Sebring, FL

FOR Application Fee for Pay Phones

*[Handwritten Signature]*  
CFO.