

DEPOSIT

DATE

D104

MAR 15 1999

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

Com-Tech Resources, Inc.

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

Com-Tech Systems

3. Official mailing address:

Street: 3709 Westway St., Suite A

P.O. Box: \_\_\_\_\_

City: Tyler

State: Texas

Zip: 75703

4. Florida address:

Street: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

5. Structure of organization:

( ) Individual

DOCUMENT NUMBER-DATE

03208 MAR 15 99

FPSC-RECORDS/REPORTING

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER & HAS A MICROPRINTED BORDER

**COM-TECH SYSTEMS**

3709 WESTWAY ST., SUITE A  
TYLER, TEXAS 75703  
(903) 509-9850

031926

BANK ONE, TEXAS, N.A.  
TYLER, TEXAS 75703

PAY \*\*\* ONE HUNDRED & 00/100 DOLLARS

DATE

AMOUNT

03/12/99

\*\*\*\*\*\$100.00

TO THE  
ORDER  
OF:

FLORIDA PSC

COM-TECH SYSTEMS  
VOID AFTER 60 DAYS

*Robert T. ...*

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK. HOLD UP TO LIGHT TO VIEW.

# COM-TEC SYSTEMS

3709 WESTWAY DR., SUITE A  
TYLER, TEXAS 75703

PHONE (903) 509-9850  
FAX (903) 561-6873

March 12, 1999

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shunard Oak Blvd.  
Tallahassee, Fl. 32399-0850

Enclosed please find our application for certification to provide **pay telephone** service within the state of Florida.

If you have any questions with regard to our application, please **contact me** at (903)509-9850.

Sincerely,



Tammy Shew  
Manager

DOCUMENT NUMBER - DATE  
03238 MAR 15 8  
FPSC-RECORDS/REPORTING

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3. Official mailing address:

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**City:** Tyler

**State:** Texas

**Zip:** 75703

4. Florida address:

**Street:** \_\_\_\_\_

**P.O. Box:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

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:** N/A

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:** G99068900175

8. F.E.I. Number (if applicable): N/A

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 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.:** \_\_\_\_\_

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

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

10. Partnership (continued)

b. **Name:** N/A  
**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:** Tammy M. Shew  
**Title:** Operations Manager  
**Address:** 3709 Westway St., Suite A  
**City/State/Zip:** Tyler, TX, 75703  
**Telephone No.:** 903-509-9850 **Fax No.:** 903-561-6873  
**Internet E-Mail Address:** tshew@etqs.com  
**Internet Website Address:** None

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

**Name:** Tammy M. Shew  
**Title:** Operations Manager  
**Address:** Same AS Above  
**City/State/Zip:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_  
**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.

If so, provide explanation: N/A

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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.

N/A

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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.

N/A

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15. List other states in which the applicant:

- a. Is currently providing pay telephone service.

Texas, Oklahoma, Louisiana, Arkansas, Mississippi, Kansas,  
Tennessee, Georgia, Washington, Oregon.

- 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.

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:

- (x) LOCAL  
(x) LONG DISTANCE  
(x) COIN  
(x) CALLING CARD  
(x) CREDIT CARD  
( ) OTHER (Describe) \_\_\_\_\_

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 230

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 10XXX+0, 10XXXY+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:

Ralph H. Tipple  
Print Name

President  
Title

903-509-9850  
Telephone No.

Address: 3709 Westway St.

Suite A

Tyler, TX. 75703

  
Signature

3-12-99  
Date

903-561-6873  
Fax No.

**\*\*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:**

Ralph H. Tipple  
**Print Name**

  
**Signature**

President  
**Title**

3-12-99  
**Date**

903-509-9850  
**Telephone No.**

903-561-6873  
**Fax No.**

**Address:** 3709 Westway St.  
Suite A  
Tyler, TX, 75703

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

**Applicant:** Com-Tech Resources, Inc.

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

Ralph H. Tipple  
**Print Name**

  
**Signature**

President  
**Title**

3-12-99  
**Date**

903-509-9850  
**Telephone No.**

903-561-6873  
**Fax No.**

**Address:** 3709 Westway St.  
Suite A  
Tyler, TX. 75703

**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.**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 9, 1999

CT CORPORATION SYSTEM  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32310

Qualification documents for COM-TECH RESOURCES, INC. were filed on March 9, 1999 and assigned document number F99000001303. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 487-6091, the Foreign Qualification/Tax Lien Section.

Agnes Lunt  
Document Specialist  
Division of Corporations

Letter Number: 199A00011021



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 9, 1999

COM-TECH SYSTEMS  
C/O CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

Subject: **COM-TECH SYSTEMS**

REGISTRATION NUMBER: **G99068900175**

This will acknowledge the filing of the above fictitious name registration which was registered on March 9, 1999. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

Reinstatement Section  
Division of Corporations

; Letter No. 099A00011046