

DEPOSIT

DATE

D1 09

MAR 22 1999

APPLICATION

1 Name of company:

SW FLORIDA AUDIO COMMUNICATIONS, INC.

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

NOT A FICTITIOUS NAME

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

SW FLORIDA AUDIO COMMUNICATIONS, INC.

6700 TRAIL BLVD

NAPLES FL 34108

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

JOHN HALSTED

PO. Box 770537

NAPLES FL 34107

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: APPLIED FOR
SS # 293 88 3839

FORM PSC/CMU 32 (PATS) (5/98)

Required by Commission Rule Nos. 25-24-010 and 25-24.011 Page 2 of 11

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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 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

Title: STATE PRESIDENT
Address: 10140 LEX CIR. # B
City/State/Zip: NAPLES, FL 34109
Telephone No.: 941 593 3240 Fax No.: 941 593-1463
Internet E-Mail Address: DOLLARS @ MEDIAONE.NET
Internet Website Address: _____

(c) Complaints/Inquiries from customers.

Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
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.

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: JOHN HALSTED

Title: PRESIDENT

Address: 20040 LEX CIR. #B

City/State/Zip: NAPLES FL 34109

Telephone No.: (941) 593-3240 Fax No.: (941) 593-1463

Internet E-Mail Address: DOLLARS@MEDIACONE.NET

Internet Website Address: _____

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

Name: JOHN HALSTED

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.

ALONE

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

No

APPLICATION

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)

-
-
-
-
-
-

DIAL-AROUND CALLS

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: *400*

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 _____ Date _____

Title _____ Telephone No _____

Address _____

Fax No. _____

ATTACHMENTS:

- A - Affidavit
- B - Applicant Acknowledgment

AFFIDAVIT

“ APPENDIX A ”

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

Printed Name: _____

Title: _____

_____ Fax No

Address: _____

APPLICANT ACKNOWLEDGMENT

Applicant: J.W. FLORIDA AUDIO 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: John Halsted

Date: 3-18-99

Printed Name: JOHN HALSTED

Title: PRESIDENT

Address: 6700 TRAIL BLVD

NAPLES, FL 34108

Telephone No. (941) 593-1462

Fax No. (941) 593-1463

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.

APPLICATION

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

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

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

69
DEC 21 1988
10 04 47

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 Acknowledgment 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

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DATE
MAR 22 1999

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~~6700~~ 6700 TRAIL BLVD
NAPLES FL 34108
- Florida address (including street name & number, post office box, city, state, and zip code):
JOHN HALSTED
PO. Box 770537
NAPLES FL 34107
- Structure of organization:

() Individual

Steve & Kathie Halsted 11-97
S.K. & H. Realty Co.
941-417-4395
2111 Tarpon Road
Naples, FL 34102

03-27/031 Date 3244
March 19, 1999

Florida Public Service Com. \$ 100.00
One Hundred 00/100 Dollars

NATIONSBANK, N.A.
FLORIDA

Memo
A. Kathie Halsted

nership

in Florida:

ber: APPLIED FOR
293 88 3839

DOCUMENT NUMBER - DATE

03680 MAR 22 99

EPSC - REPORTING