	5. Structure of organization:
JOHN M. WI BOX 187 RR 2 LABELLE, FL. 339	735
Pay to the Portor of One	Toida Public Servicy Com missons 100,00 ste in Florida:
Nations NonsBank, NA Florida	sBank fhn on Wingerd
	##U.30 88 tc
	DEPOSIT DATE
	D113 30 MAR 2 9 1999
	990395-TC
	APPLICATION 55
	1 Name of company:
	Communication Systemalologist
,	2 Name under which applicant will do business (fictitious name etc.):
	Communication Systematilarist
i.	Official mailing address (including street name & number, post office box, city, state and zip code).
	3737 North River Road
	11 Belle, FL 33935
4	 Florida address (including street name & number, post office box, city state, and zip code):
	3737 North River Road
	La Bells, FL 33935
5	Structure of organization:
	() Individual
	() 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:
	PORMI PROCESSIO 32 (PATA) (MINI)
	PORM PECCENI 32 (PATE) (NEE) Required by Commission Rule New 25-24-510 and 25-24.511 Page 2 of 12 CUMENT NUMBER - DATE 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Dec 21 80 Oziakanakanakanakana

33935

FPSC RECORDS/72EPOPTING

7	ff u	sing fictitious name-d/b/a, provide proof of compliance with the fictitious name ute (Chapter 865.09 FS) to operate in Florida
	(a)	Florida Fictitious Name registration number:
8	E.E	
9	if in	dividual, provide:
	Nam	10: John M Wingerd
	Title	: owner - oberation
	Addi	ress: 3737 North River Riad
	Clty/	State/ZIp: La Belle FL 33935
	Tele	phone No.: 941-694 0914 Fax No.:
	Inter	net E-Mail Address:
		net Website Address:
10.	Map	artnership, provide name, title and address of all partners and a copy of the ership agreement.
	(a.)	Name:
		Title:
		Address:
		City/State/Zip:
		Telephone No.: Fax No.:

FORM PEC/CMU 22 (PATE) (8/98) Required by Commission Rule Nos. 25-34-619 and 26-24.514 Page 3 of 11

	Internet E-Mail Address:
	Internet Website Address:
	Title: Owner - operation
	Title: Owner-operation
	Address: 3737 North River Real
	City/State/Zip: La 13ells, FL 33935
	Telephone No.: 94/ 694-0914 Fax No.:
	Internet E-Mail Address:
	Internet Website Address:
١ ٧	Who will serve as !laison to the Commission with regard to the following?
	The application:
	Name: John M Wingerd
	Title: Ocener aperator
	Address: 3737 North RIVER Road
	City/State/Zip: La Belly FL 33935
	Telephone No.: 94/- 674- 0494 Fax No.:
	Internet E-Mail Ar *ress:
	Internet Website Address:
(b	Official Point of Contact for the ongoing operations of the company
	Name: John M Wingard
ORM PSC/C	MJ 32 (PATa) March

PORM PSC/CMU 32 (PATs) (8/88) Required by Commission Rule Ness 25-24-910 and 25-24-911 Page 4 of 11

	Title: Owner - operator
	Address: 3737 North River Road
	City/State/Zip: La 13elle, FL 33935
	Telephone No.: 941 - 474 - 0914 Fax No.:
	Internet E-Mail Address:
	Internet Website Address:
(c)	Complaints/Inquiries from customers.
	Name: John Winger A
	Title: Duner - operator
	Address: 3727 North Rive Read
	City/State/Zip: La Bell, FL 33935
	Telephone No.: 94/-674-09/4 Fax No.:
	Internet E-Mali Address:
	Internet Website Address:
HES DEGLI DIE	ite if applicant or any subsidiary, partner, officers, director, or any stockholder aviously adjudged bankrupt, mentally incompetent, cr found guilty of any felony ne, or whether such actions may result from pending proceedings.
If so, ;	provide explanation.
	none

FORM PSC/CMU 32 (PATs) (MSS)
Required by Commission Rule Hos 25-26-510 and 25-24.511 Page 5 of 11

	ive and	is the applicant or any subsidiary, partner, officer, director, or any stockholder evented or denied a pay telephone certificate in the State of Florida? (This includes discanceled pay telephone certificates.) If yes, provide explanation and list the holder and certificate number.
		Mo
_	_	
_		
-		
,00	give r	ne applicant or any subsidiary, partner, officer, director, or any stockholder a partner, or officer in any other Fionda certificated pay telephone company? If name of company and relationship. If no longer associated with company, give y not.
-		
_		
15	List	other states in which the applicant:
	a.	is currently providing pay telephone service.
		Mone
	b.	Has applications pending to be certificated as a pay telephone provider
		Mo

FORM PSC/CastU 32 (PATs) (8/88) Required by Commission Rido Nos. 25-24-510 and 25-14.511 P&G6 6 of 11

-	
c:rcun	c. Has been denied authority to operate as a pay telephone provider. Explain natances.
tatute	d. Has had regulatory penalties imposed for violations of telecommunications as rules, or orders. Explain circumstances.
6	Please check (√) the services that will be provided
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER (Describe)
7 F	Proposed number of pay telephone instruments the applicant plans to install/operate rst year:

FORM RECIDING 32 (PATs) (BRB)
Required by Commission Rule Nos. 25-36-610 and 25-36.811 FAGE 7 Of 11

18. How	w does the applicant intend to service and maintain each payphone (√) (check a
	PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER (Describe)
iong distan	each of the pay telephones to be installed provide access to all locally available accessive 10xxx+0, 1010xxx, 950-xxxx, and 1-800? (See Rule 25-
24.515(6),	F.A.C.) (X) Yes () No
	Explain:
Facilities A	each of the pay telephones to be installed conform to subsections 4.29.2 - 4.29 of the American National Standard Specifications for Making Buildings and coessible and Usable by Physically Handicapped People (Attachment F. ANSI 2S)(See Rule 25-24.515(13), F.A.C.).
	Yes () No

FORM PSC/Chiu 32 (PATs) (888): Required by Commission Rule Nos. 25-24-610 and 25-24 611 Page 8 of 11

" APPENDIX A "

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 a. 775.062 and a. 775.083."

John In Winger	Fab 15, 1999
Signature:	Date
John M Wingerd	
Printed Name:	
Owner-operator	
Title: /	Fax No
Address: 3737 North River La Belle FL 33935	Rial
La Belle, FL 33935	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O
FORM PEC/CNU 32 (PATs) (\$/86)	

Required by Commission Rule Nos. 25-24-510 and 25-24 511 Page 10 cf 11

"APPENDIX B"

APPLICANT ACKNOWLEDGMENT

Applicant:	
I acknowledge receipt and understanding of the Florida Rules and Requirements relating to my provision of Pay Telep Signature: Signature: John M. Wingerd Title: Dwner-aperator	Public Service Commission's hone Service. Date: 15, 1999
Address: 3737 North River Rind La Belle, FL 33935	
Telephone. No. 941 674 0914 Fax No	

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.

" APPLICANT FEE/TAX STATEMENT "

- REGULATORY ASSESSMENT FEE: I understand that all telephone companies
 must pay a regulatory assessment fee in the amount of <u>15 of one percent</u> 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.
- 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
- SALES TAX: I understand that a seven percent sales tax must be paid on intra and interstate revenues.
- APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

Signature Signature

FORM PSC/CMU 22 (PAYs) (2490) Required by Commission Rule Nos. 25-24-510 and 39-24-511 P&C® 9 Of 11

B - Applicant Acknowledgment