

2151 IVORIA BLVD #1000  
La Belle, FL 33935

5. Structure of organization:

63-27/831 199 423 Partnership

JOHN M. WINGERD 04-98  
BOX 187 RR 2  
LABELLE, FL 33935

Mar 25 1999

Pay to the Order of Florida Public Service Commission \$ 100.00  
One hundred <sup>XX</sup> Dollars

State in Florida: \_\_\_\_\_  
Number: \_\_\_\_\_

**NationsBank**  
NationsBank, N.A.  
Florida

John M. Wingerd

04021 MAR 29 88  
FFSC RECORDS/REPORTING

040:50 88 21 98 05:04P

DEPOSIT DATE  
D113 MAR 29 1999  
990395-TC

APPLICATION

- Name of company:  
Communication Systematologist
- Name under which applicant will do business (fictitious name etc.):  
Communication Systematologist
- Official mailing address (including street name & number, post office box, city, state and zip code):  
3737 North River Road  
La Belle, FL 33935
- Florida address (including street name & number, post office box, city, state, and zip code):  
3737 North River Road  
La Belle, FL 33935

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: \_\_\_\_\_

DOCUMENT NUMBER-DATE  
04021 MAR 29 88

## 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: John M Wingerd

Title: owner operator

Address: 3737 North River Road

City/State/Zip: La Belle FL 33935

Telephone No.: 941-694 0914 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

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

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

(b) Name: John M Wingard

Title: owner-operator

Address: 3737 North River Road

City/State/Zip: La Belle, FL 33935

Telephone No.: 941 674-0914 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 M Wingard

Title: owner-operator

Address: 3737 North River Road

City/State/Zip: La Belle, FL 33935

Telephone No.: 941-674-0494 Fax No.: \_\_\_\_\_

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

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

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

Name: John M Wingard

APPLICATION

Title: Owner - operator

Address: 3737 North River Road

City/State/Zip: La Belle, FL 33935

Telephone No.: 941-674-0914 Fax No.: ---

Internet E-Mail Address: ---

Internet Website Address: ---

(c) Complaints/Inquiries from customers.

Name: John Wingard

Title: owner - operator

Address: 3737 North River Road

City/State/Zip: La Belle, FL 33935

Telephone No.: 941-674-0914 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.

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

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.

None

16. Please check (✓) the services that will be provided:

LOCAL	<input type="checkbox"/>
LONG DISTANCE	<input type="checkbox"/>
COIN	<input type="checkbox"/>
CALLING CARD	<input type="checkbox"/>
CREDIT CARD	<input type="checkbox"/>
OTHER (Describe)	<input checked="" type="checkbox"/>

all

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

## 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

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. 775.062 and s. 775.083."

UTILITY OFFICIAL:

Signature: John M. Wingard Date: Feb 15, 1999

Printed Name: John M Wingard

Title: Owner-operator Fax No: -

Address: 3737 North River Road La Belle, FL 33935



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

## APPLICANT ACKNOWLEDGMENT

Applicant: \_\_\_\_\_  
\_\_\_\_\_

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 M. Wingerd Date: Feb 15, 1999

Printed Name: John M Wingerd

Title: owner-operator

Address: 3737 North River Road  
La Belle, FL 33935  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. 941 674 0984

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.**

