

****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**

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7:26

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**

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU 1 _____
- CTR _____
- EAG _____
- LEG 1 _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1 _____
- WAS _____
- OTH _____

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**

STATE OF FLORIDA

Commissioners:
JULIA L. JOHNSON, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JOE GARCIA
E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING
BLANCA S. BAYÓ
DIRECTOR
(850) 413-6770

Public Service Commission

March 23, 1999

John Halsted, President
SW Florida Adio Communications, Inc.
6700 Trail Boulevard
Naples, Florida 34108

Re: Docket No. 990370-TC

Dear Mr. Halsted:

This will acknowledge receipt of application for certificate to provide pay telephone service by SW Florida Adio Communications, Inc., which was filed in this office on March 22, 1999 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6078 or FAX (850) 413-6079.

Please make notes as well that Commission Rule 25-22.005(7), F.A.C., requires certificated companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of Records and Reporting
Florida Public Service Commission

850-413-6600

ASSIGNED
DOCKET NO 990370-TC

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

S.W. FLORIDA AD/0 COMMUNICATIONS, INC.

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

S.W. FLORIDA AD/0 COMMUNICATIONS, INC

3. Official mailing address:

Street: 60700 TRAIL BLYD

P.O. Box: _____

City: NAPLES

State: FL Zip: 34108

4. Florida address:

Street: 60700 TRAIL BLYD

P.O. Box: _____

City: NAPLES

State: FL Zip: 34108

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: P99000027562

~~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: _____

~~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 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: JOHN HALSTED
Title: PRESIDENT
Address: 6040 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 ongoing company operations including complaints and inquiries:

Name: JOHN HALSTED
Title: PRESIDENT
Address: 6040 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: _____

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

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) DIRECTORY ASSISTANCE

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

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, 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:

JOHN HALSTED
Print Name

PRESIDENT
Title

(941) 593-3240
Telephone No.

Address:

6640 LEX CIR #B

NAPLES, FL 34109

John Halsted
Signature

4-4-99
Date

(941) 593-1463
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:

JOHN HALSTED
Print Name

John Halsted
Signature

PRESIDENT
Title

4-4-99
Date

(941) 593-3240
Telephone No.

(941) 593-1463
Fax No.

Address: 10640 LEX CR. #B
NAPLES, FL 34109

****APPLICANT ACKNOWLEDGMENT****

Applicant: JOHN HALSTED

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

JOHN HALSTED
Print Name

John Halsted
Signature

PRESIDENT
Title

4-4-99
Date

(941) 593-3240
Telephone No.

(941) 593-1463
Fax No.

Address: 10640 LEX CIR #8
NAPLES, FL 34109

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 SW FLORIDA AUDIO COMMUNICATION, INC. is a corporation organized under the laws of the State of Florida, filed on March 22, 1999.

The document number of this corporation is P99000027562.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1999, 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
Twenty-fifth day of March, 1999



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of SW FLORIDA AUDIO COMMUNICATION, INC., a Florida corporation, filed on March 22, 1999, as shown by the records of this office.

The document number of this corporation is P99000027562.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twenty-fifth day of March, 1999



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State

ARTICLES OF INCORPORATION

The undersigned incorporator, 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:

SW FLORIDA RADIO COMMUNICATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6700 TRAIL BLVD
NAPLES, FL 34108

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

STEVEN C. HALSTED
6700 TRAIL BLVD
NAPLES, FL 34108

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

STEVEN C. HALSTED
6700 TRAIL BLVD
NAPLES, FL 34108


Signature/Incorporator

3/11/99
Date

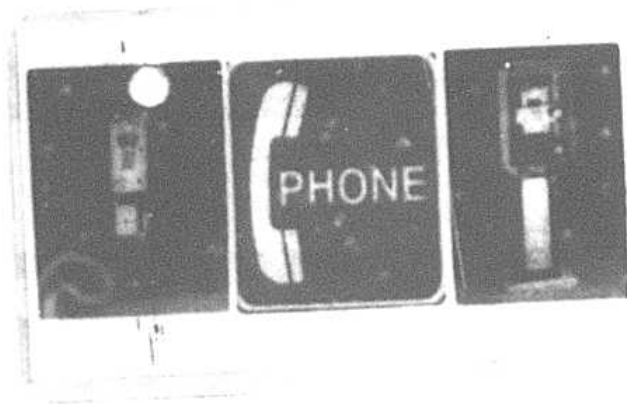
(An additional article must be added if an effective date is requested.)

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


Signature/Registered Agent

3/11/99
Date

FILED
99 MAR 22 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



From: Linda Williams
To: Paula Isler
Subject: fwd: 990370

====NOTE=====4/07/99==5:15pm==
CC: Kay Flynn

.....
Hi Paula. We received more copies of
the PATS application for the above
docket. Do you have any idea why?
There was no letter with it.

Fwd=by:=Paula=Isler===4/08/99==8:54am==
Fwd to: Linda Williams, Toni McCoy

.....
Toni, this is your case. Will you
please respond to Linda? Thanks.

Fwd=by:=Toni=McCoy====4/08/99==9:12am==
Fwd to: Linda Williams, Paula Isler

.....
Sorry, I told them to reference me and
their docket number in a cover letter.

The application was an old version,
not signed and had several incomplete
questions. They also did not include
the corporate status information. I
sent them another current application
version to complete and return.

Keep the original for the docket file
and just send me a copy.

Thank you.

Fwd=by:=Linda=William=4/08/99=10:51am==
Fwd to: Toni McCoy

.....
We're going to need to document no it
and call it an corrected or updated
application ok.

Fwd=by:=Toni=McCoy====4/08/99=10:58am==
Fwd to: Linda Williams

.....
I didn't realize that. I have been
doing it alot since folks have been
sending in old versions of PATS
applications instead of the current
2/99 version. It usually just comes
directly to me and I have been just
sending it down to RAR for the docket
file and mentioning it in the Memo's if
a CASR name change is needed as well.

The document number won't affect the
docket number itself will it? You will
just now consider the newer application

RECEIVED-FPSC
99 APR - 8 PM 5:06
RECORDS AND
REPORTING

a Revised Application.

Let me know how I should be registering the revised applications with RAR when I get the in the future. A memo?

Thank you.

Fwd=by:=Linda=William=====

Fwd to: Toni McCoy

.....
I believe you are doing them right when they come to you. If they're filed with us we will document them and call them revised or updated, whatever the utility says. I am going to date stamp this email and put in the file along with application since they didn't file a cover letter with it.

But, yes keep doing what you're doing when they come in to you.
Thanks.

STATE OF FLORIDA

Commissioners:
JULIA L. JOHNSON, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JOE GARCIA
E. LEON JACOBS, JR.



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March 23, 1999

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