## D128

APR 2 0 1993

## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION D

LEGAL NAME OF THE APPLICANT	APR 19 8 43 AM '89
Whitney - Phillips - T. R	F MAINISTRATION
NAME UNDER WHICH THE APPLICANT WILL DO BUSI	NESS
Sam as abo	oup
ADDRESS OF THE APPLICANT(S)	
STREET 246 Marines	<u>On</u>
CITY <u>Tayon Springs 7</u>	
STATE & ZIP 78 34689	
TYPE OF ORGANIZATION (CHECK ONE)	
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HIOWN NAME.	ER: [ ]
DOCUMENTATION: No other documentation need	ded.
B. PARTNERSHIP:	[ ]
DOCUMENTATION: Attach a copy of the partn with the name and address of all partners.	mership agreement, and a list
C. CORPORATION:	[H
DOCUMENTATION: Attach proof that articles filed with the Florida Secretary of State outside of Florida, attach proof from the Flapplicant has authority to operate in Florid of Florida Registered Agent.	e's Office. If incorporated Forida Secretary of State that
NAME	

 $\ensuremath{\mathsf{DOCUMENTATION}}$  : Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

DOCUMENT NUMBER-DATE

04937 APR 198

5.		IDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS DNSIBLE FOR COMMISSION CONTACTS:
	NAME:	: Robert J Whitney
	TITLE	: V-P. Manager.
	PHONE	:: <u>8/3 - 28/-9553</u>
6.	THE (	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR INCASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF IDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.
		y es
7.	IF T CERTI	HE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE FICATE HOLDER AND CERTIFICATE NUMBER.
	II.	MoThy R Foster # 5057
	W	I have Now incompated and Well.
	Ch	any all phone To The New Conf
8.	LIST	THE STATES IN WHICH THE APPLICANT:
	Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE
	В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.
		115
	С.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.
		· NO

Company of the second s

	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
INDI FOUN	ASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR IVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR UD GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY DILT FROM PENDING PROCEEDINGS.
<del></del>	
DI FA	SE CHECK THE SERVICES THAT WILL BE PROVIDED.
LOCA LONG COIN CALL CRED	DISTANCE [ 1
LOCA LONG COIN CALL CRED OTHE	ING CARD IT CARD
LOCA LONG COIN CALL CRED OTHE PROP IN T	ING CARD IT CARD R, DESCRIBE

WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCE TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, A
1-800? (See Rule 25-24.515(6), F.A.C.
WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIO STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSI AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule
24.515(14), F.A.C.)

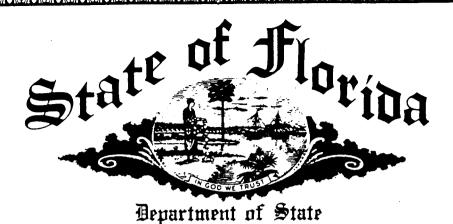
I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$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 ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

Ko	INT A Whitney  ORE OF OWNER/CHIEF OFFICER OF	V-Pres	
(SIGNATU	RE OF OWNER/CHIEF OFFICER OF	APPLICANT)	
DATE:	4-10-99		

### APPLICANT ACKNOWLEDGEMENT CARD

Applicant Whitny-Phillips T.R.F. 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 Roll No. hitney
Title V-Pruz
Date 4-10-99

THIS 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.



I certify the attached is a true and correct copy of the Articles of Amendment, filed on February 23, 1999, to Articles of Incorporation for T.R.F. COMMUNICATIONS, INC. which changed its name to WHITNEY-PHILLIPS-T.R.F., INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is P97000007511.

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



CR2EO22 (1-99)

Katherine Harris Katherine Harris Secretary of State

FILED

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#### ARTICLES OF AMENDMENT

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

#### ARTICLES OF INCORPORATION

OF

#### T.R.F. COMMUNICATIONS, INC.

- T.R.F. COMMUNICATIONS, INC., a Florida corporation, under its corporate seal in hand of its President and Secretary, RICHARD A. PHILLIPS and TIMOTHY R. FOSTER, respectively, hereby certifies that:
- 1. The Board of Directors of said Corporation, at a meeting called and held on the *loth* day of *Fibruary*, 1999, adopted the following resolution:

BE IT RESOLVED by the Board of Directors of T.R.F. COMMUNICATIONS, INC., a Florida corporation, that Article 1 of the Articles of Incorporation be amended, changed and altered so that it reads as follows:

#### ARTICLE 1 - NAME

The name of the Corporation is WHITNEY-PHILLIPS-T.R.F., INC. (hereinafter, "Corporation").

BE IT FURTHER RESOLVED by the Board of Directors of T.R.F. COMMUNICATIONS, INC., a Florida corporation, that the Articles of Incorporation be amended, changed, and altered, adding an additional article, Article 18, as follows:

#### ARTICLE 18 - SUPER MAJORITY VOTE

Notwithstanding the provisions of these Articles of Incorporation to the contrary, nor the provisions of the Bylaws or agreements elsewise of the Corporation, or any other agreements, rules, regulations, statutes, or

day of thruck, 1999 by RICHARD A. PHILLIPS and TIMOTHY R. FOSTER, as President and Secretary respectively of T.R.F. COMMUNICATIONS, INC., a Florida corporation, on behalf of the Corporation. They are () personally known to me or have () produced a Florida driver's license as identification and who did not take an oath.

Notary Public, State of Florida
Name:
Serial No:
Commission Expires:



R. C. Burke, Jr.
MY COMMISSION # CC634981 EXPIRES
July 7, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

H:\HOME\CG\TRFCOMMUNI.INC\GENCORP\99ARTI01.AME

46,0011

APR 2 0 1999

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION D

1.	LEGAL NAME OF THE APPLICANT APR 19	8 43 M 29
	Whitney - Phillips - T. R. F.	MINISTRATION AIL-1800M
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS	
	Sam as about	
3.	ADDRESS OF THE APPLICANT(S)	
	STREET <u>246 Mains Ds</u> CITY <u>Taupon Springo</u>	
	CITY Tarpon Springs #	
	STATE & ZIP 72 34689	
4.	TYPE OF ORGANIZATION (CHECK ONE)	
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.	
	DOCUMENTATION: No other documentation needed.	
	B. PARTNERSHIP:	[ ]
	DOCUMENTATION: Attach a copy of the partnership with the name and address of all partners.	agreement, and a list
	C. CORPORATION:	[4]
	DOCUMENTATION: Attach proof that articles of i filed with the Florida Secretary of State's Off outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and p of Florida Registered Agent.	fice. If incorporated Secretary of State that
•	NAME	angele et lingt al 100 and en angele lingt and en angele lingt and en angele et lingt and en angele et lingt a
	ADDRESS	
	TRF COMMUNICATIONS, INC. PH: (813)937-7047 246 MARINER DR. TARPON SPRINGS, FL 34689-5839	818 63-612/631
PAY TO THE	FLORIPA PUBLIC SERVICE COMMISS	
ORDER OF 1	HUNDRED Days	DOLLARS Security teatures
Barnett	026-001 600 Cleveland Street Clearwaler, Florida 34615  DOCUMENT NUMBER - DATE	
FOR	04937 APR 19 m	h / TUT W