	DEPOSIT DATE
	D134 MAY 071999
	of company or name of individual (not fictitious name or d/b/a): 1ARK A. SWINNEMON 990571-7
	under which applicant will do business (fictitious name, etc.):
Street	al mailing address: t: 8582 GREAT MEADOW DR.
	SARASOTA
	FL Zip: 34238
Street	t: 8582 GREAT MEADOW DR.
· .	Box:
	<u>SARASOTA</u> <u>FL</u> <u>Zip: 34238</u>
State	<u></u>
Struct	ture of organization:
	(LyIndividual
	() Corporation
	() General Partnership
	() Limited Partnership
	() Other:
If inc	orporated in Florida, provide proof of authority to operate in Florida:
	Florida Secretary of State Corporate Registration Number:
PSC/CMU-: ired by Co	32 (02/99) commission Rule Nos. 25-24.510 ϵ 25-24.511 DOCUMENT NUMBER-DATE Page 2 of 10 05845 HAY -7 \Im

FPSC-RECORDS/REPORTING

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:

Υ.

	Florida Fictitious Name Registration Number:
8.	F.E.I. Number (if applicable):
9.	If individual, provide:
	Name: MARK A. SWINNEMON
	Title: OWNER
	Address: 8582 GREAT MEADOW DR.
	City/State/Zip: SALASOTA, FL 34238
	Telephone No.: <u>941-923-0870</u> Fax No.: <u>941-923-3884</u>
	Internet E-Mail Address: FLHD HUNTER @ AOL. COM
	Internet Website Address:

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

Name:	
Title:	
Address:	
City/State/Zip:	
Telephone No.:	Fax No.:
Internet E-Mail Ad	dress:

40	Internet Website Address:						
10.	Partnership (continued)						
	b.	Name:					
		Title:					
		Address:					
		City/State/Zip:					
		Telephone No.:Fax No.:					
		Internet E-Mail Address:					
		Internet Website Address:					
1.	Who	o will serve as liaison to the Commission with regard to the following?					
	a.	The application:					
		Name: MARK A SLUNNERTON)					

	Name: MARICA SWINNERTON
	Title: <u>OWNER</u>
	Address: 8582 GREAT MEADOW DR.
se en presentadores de la construcción de la constr	City/State/Zip: SANASOTA FL 34238
Ę	Telephone No.: <u>941-923-0870</u> Fax No.: <u>941-923-3884</u>
	Internet E-Mail Address: FLHDHUNTER @ AOL. Com
	Internet Website Address:
b.	Official Point of Contact for ongoing company operations including complaints and inquiries:
	Name: MARK A. SWINNERTON
	Title: <u>GWNER</u>
	Address: 8582 GREAT MEADOW M.
	City/State/Zip: SANASOTA FL 34238
	Telephone No.: <u>941-923-0870</u> Fax No.: <u>941-923-3984</u>
	Internet E-Mail Address: FLHDHUNTER @ AOL. COM
	Internet Website Address:

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4

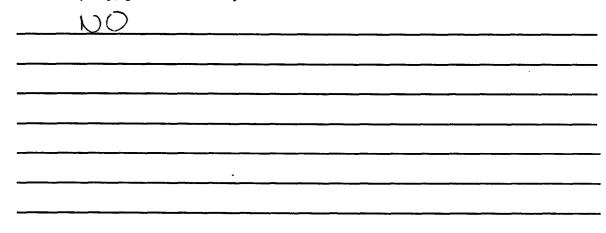
12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation:	<u> </u>	
· · · · · · · · · · · · · · · · · · ·		

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.

 \mathbf{V}

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.



Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511

- 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 Has been denied authority to operate as a pay telephone provider. Explain C. circumstances. NONE Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances. d. NONE Please check (\checkmark) the services that will be provided: (LOCAL () LONG DISTANCE (J'COIN (JCALLING CARD CREDIT CARD

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(JOTHER (Describe) 911 - TOLL FREE

16.

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

, **`**

19.

20.

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) _____ 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: 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:

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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 <u>two and one-half percent</u> on all intra- and interstate business.
- 3. SALES TAX: I understand the a <u>seven percent</u> sales tax must be paid on intraand interstate revenues.
- 4. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

UTILITY	OFFICIAL:			
MARK F	. SWINNER	ion	Ma	ild himt
Print Name			Signature	9
OWNER			_5/5	199
Title			Date '	,
941-92	3-0870		941-	923-3884
Telephone N	0.		Fax No.	
Address:	85F2 G	REAT MI	EADOW]	R.
	SARASOTA	, FL -	34238	
		•	······································	- 12
		·····		

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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."

UTI	LITY	OFFI	CIAL	L 3

SWINNEMON

8582

Print Name

OWNER

Title

941-923-0870

Telephone No.

Signáture

923-388

Fax No.

Address:

SMASOTA,	FL	34238
----------	----	-------

GREAT MEADOW M.

****APPLICANT ACKNOWLEDGMENT****

• .

Applicant:	MARK	A.	SWINNERTON

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

Print Name	N. SWINNEMON	Signature
OWNER	_	515199
Title		Date /
941-92	3-0870	941-923-3884
Telephone N	10.	Fax No.
Address:	8582 GREAT	MEADOW DR
	SARASOTA, FL	- 34238

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.

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

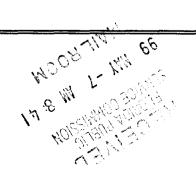
INSTRUCTIONS

- 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 nonrefundable <u>application fee of \$100.00</u> 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 Service Evaluation 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6600



Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511

. 7	UEPOSIT DATE
	D134 MAY 07 1999
1.	Name of company or name of individual (not fictitious name or d/b/a): 990571.TC MARK A. SWINNEMON
2.	Name under which applicant will do business (fictitious name, etc.): MARK A. SWINNEMON
3.	Official mailing address: Street: 8582 GREAT MEADOW DR.
	P.O. Box:
4.	Florida address: Street:
	State: Zip:Z4238
5.	Structure of organization: (I) Individual (I) Corporation (I) General Partnership (I) Mimited Partnership
	SWINNERTON ASSOCIATES 8582 GREAT MEADOW DR. 941-923-0870 SARASOTA, FL 34238 SARASOTA , FL 34238 SARASOTA , FL 34238
DML B WEST	CONTOR PUBLIC SERVICE COMMISSION \$ 100.00 hundred v 100 COAST FEDERAL EES CREDIT UNION WITHS BURGON AT 100 COAST FEDERAL
FOR PAGPAGE	E CERT. APPLICATION Mallant