

DEPOSIT DATE
D157 JUN 23 1999

JUN 23 PM 2 43
Tampa

APPLICATION

990807-TC

1. Name of company:

OWNER

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

ANNMARIE G. ADAMS - BEMAN

3. Official mailing address (including street name & number, post office box, city, state, and zip code):

5127 SPRINGWOOD DR.
TAMPA, FLORIDA 33624

4. Florida address (including street name & number, post office box, city, state, and zip code):

5127 SPRINGWOOD DR TAMPA, FLORIDA 33624

5. Structure of organization:

- Individual
- General Partnership
- Other, _____
- Corporation
- Limited Partnership

6. If Incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: _____

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: AND MARIE G. ADAMS - BEMAN

Title: OWNER

Address: 5127 SPRINGWOOD DR.

City/State/Zip: TAMPA FLORIDA

Telephone No.: 813-963-1090 Fax No.: 813-961-5082

Internet E-Mail Address: ADAMS-BEMAN@

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: AADAMS-BEMA AT AOL.COM

Internet Website Address: _____

(b) Name: ANNMARIE G. ADAMS-BEMAN

Title: OWNER

Address: 5127 SPRINGWOOD DR.

City/State/Zip: TAMPA FLORIDA 33624

Telephone No.: 813-963-1090 Fax No.: 813-961-5082

Internet E-Mail Address: AADAMS-BEMA AT AOL.COM

Internet Website Address: _____

1. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: ANNMARIE G. ADAMS-BEMAN

Title: 5127 SPRINGWOOD DR.

Address: OWNER.

City/State/Zip: TAMPA , FL 33624

Telephone No.: 813-963-1090 Fax No.: 813-961-5082

Internet E-Mail Address: AADAMS-BEMA AT AOL.COM

Internet Website Address: _____

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

Name: ANNMARIE G. ADAMS-BEMAN

APPLICATION

Title: OWNER
Address: 5127 SPRINGWOOD DR.
City/State/Zip: TAMPA, FLORIDA
Telephone No.: 813-963-1090 Fax No.: 813-961-5082
Internet E-Mail Address: AADAMS-BEMA AT AOL.COM
Internet Website Address: _____

(c) Complaints/Inquiries from customers.

Name: ANNMARIE G. ADAMS-BEMAN
Title: OWNER
Address: 5127 SPRINGWOOD DR
City/State/Zip: TAMPA FLORIDA 33624
Telephone No.: 813-963-1090 Fax No.: 813-961-5082
Internet E-Mail Address: AADAMS-BEMA AT AOL.COM.
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.

NO

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.

None

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.

NO

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

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe)

-
-
-
-
-
-

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 20

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

**** APPLICANT FEE/TAX STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .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 that 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:

<u><i>Alan Adams Ben</i></u>	<u>6-14-1999</u>
Signature	Date
<u>OWNER</u>	<u>813-963-1090</u>
Title	Telephone No

Address: 5127 SPRINGWOOD DR.
TAMPA, FLORIDA 33624

Fax No. 813-961-5082

ATTACHMENTS:
A - Affidavit
B - Applicant Acknowledgment

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. 775.082 and s. 775.083."

UTILITY OFFICIAL:

Annie Bern 6-14-1999
Signature: Date

ANNMARIE G. ADAMS-BEMAN
Printed Name:

OWNER 813-961-5082
Title: Fax No.

5127 SPRINGWOOD DR.
TAMPA, FLORIDA 33624
Address:

DEPOSIT

DATE

D157

JUN 23 1999

99 JUN 23 PM 8:43
TALLahas

APPLICATION

1. Name of company:

OWNER

990807-TC

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

ANNMARIE G. ADAMS - BEMAN

3. Official mailing address (including street name & number, post office box, city, state, and zip code):

5127 SPRINGWOOD DR.
TAMPA, FLORIDA 33624

4. Florida address (including street name & number, post office box, city, state, and zip code):

5127 SPRINGWOOD DR TAMPA, FLORIDA 33624

5. Structure of organization:

Individual

ANNMARIE G. ADAMS-BEMAN
5127 SPRINGWOOD DRIVE
TAMPA, FL 33624-4836

Date 6/20/99

Pay to the Order of FIA pub Suc com \$100.00

One Hundred ⁰⁰/₁₀₀ Dollars

NationsBank
NationsBank Advantage

For *Ann Beman*

465

Partnership

Florida:

Document Number - DATE

07577 JUN 23 99

PSC-RECORDS/REPORTING

DEC 21 99 05:04