



DEPOSIT DATE
D189 AUG 18 1999

August 11, 1999

Toni McCoy
Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

Re: Application for Alternative Local Exchange Service.

991136-TX

Dear Ms. McCoy,

Attached is our application for Alternative Local Exchange Service including the required six copies of the application as well as a check in the amount of \$250.00 for the application fee. In addition, as we discussed earlier, we will be following up with the price list at a later date. If you require the price list by a specific date, please let us know.

Please feel free to contact me or my assistant Willie Delgado if you have any questions or concerns.

Sincerely,

Daniel R. Delgado
Treasurer

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
99 AUG 18 AM 8:27
MAIL ROOM

DOCUMENT NUMBER-DATE

09811 AUG 18 99



DEPOSIT DATE
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Sincerely,

Daniel R. Delgado
Daniel R. Delgado
Treasurer

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
99 AUG 18
MAIL F

Look for yellow background on the front of this check, and the imageSafe® logo on back. If not present, do not cash.



KING COMMUNICATIONS & SERVICE, INC.
2727 BAYSHORE DR.
NAPLES, FL 34112

1839

DATE 8-11-99 63-643/670 00365

PAY TO THE ORDER OF Florida Public Service Commission \$ 250.00

two hundred fifty 00/100 DOLLARS

FIRST UNION
First Union National Bank
Naples, Florida
24 Hour Information Service
1-800-735-1012

DOCUMENT NUMBER - DATE

09811 AUG 18 99

FOR

Daniel R. Delgado

FPSC - RECORDS REPORTING

1100 18 19 11

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF TELECOMMUNICATIONS
BUREAU OF CERTIFICATION AND SERVICE EVALUATION

APPLICATION FORM
for
AUTHORITY TO PROVIDE
ALTERNATIVE LOCAL EXCHANGE SERVICE
WITHIN THE STATE OF FLORIDA

Instructions

- ◆ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Appendix A).
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** 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 Telecommunications
Bureau of Certification and Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

APPLICATION

1. This is an application for \checkmark (check one):

(X) **Original certificate** (new company).

() **Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

() **Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

() **Approval of transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

King Communications & Service

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

King Communications & Service

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

2727 Bayshore Drive Suite 101

Naples, FL 34112

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

2727 Bayshore Drive Suite 101

Naples, FL 34112

6. Structure of organization:

- () Individual (X) Corporation
() Foreign Corporation () Foreign Partnership
() General Partnership () Limited Partnership
() Other _____

7. **If individual**, provide:

Name: _____ N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

8. **If incorporated in Florida**, provide proof of authority to operate in Florida:

- (a) The Florida Secretary of State corporate registration number:
P96000054414

9. **If foreign corporation**, provide proof of authority to operate in Florida:

- (a) The Florida Secretary of State corporate registration number:
N/A

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

- (a) The Florida Secretary of State fictitious name registration number:
N/A

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) **The Florida Secretary of State registration number:**

N/A

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

Name: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) **The Florida registration number:** N/A

14. Provide **F.E.I. Number**(if applicable): 65-0677571

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

None

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

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

(a) The application:

Name: Daniel R. Delgado

Title: Treasurer

Address: 2727 Bayshore Drive Suite 101

City/State/Zip: Naples, FL. 34112

Telephone No.: 941-793-7460 Fax No.: 941-793-5140

Internet E-Mail Address: N/A

Internet Website Address: N/A

(b) Official point of contact for the ongoing operations of the company:

Name: Daniel R. Delgado

Title: Treasurer

Address: 2727 Bayshore Drive Suite 101

City/State/Zip: Naples, FL. 34112

Telephone No.: 941-793-7460 Fax No.: 941-793-5140

Internet E-Mail Address: N/A

Internet Website Address: N/A

(c) Complaints/Inquiries from customers:

Name: Daniel R. Delgado

Title: Treasurer

Address: 2727 Bayshore Drive Suite 101

City/State/Zip: Naples, FL. 34112

Telephone No.: 941-793-7460 Fax No.: 941-793-5140

Internet E-Mail Address: N/A

Internet Website Address: N/A

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

None

(b) has applications pending to be certificated as an alternative local exchange company.

None

(c) is certificated to operate as an alternative local exchange company.

None

- (d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

None

- (e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

None

- (f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None

18. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

1. the balance sheet;
2. income statement; and
3. statement of retained earnings.

NOTE: *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
See Financial Statements
2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
See Financial Statements
3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.
See Financial Statements

- B. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

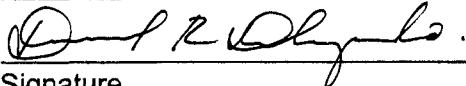
B. Daniel R. Delgado has owned and operated several business ventures, ranging from Transportation Companies, a Cafeteria, a Dry Cleaner and at present a Communication Company. King Communications specializes in pagers and cellular phones. All of these business ventures have been managed successfully and have been in business for several years.

C. Given the present line of business, we currently repair all pagers and some cellular phones on site. Which requires sufficient technical capabilities. We also have several establish business relationship with repair facilities that we use from time to time due to increased volume.

**** APPLICANT ACKNOWLEDGMENT 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 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 \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

<u></u>	<u>8-11-99</u>
Signature	Date
<u>Treasurer</u>	<u>941-793-7460</u>
Title	Telephone No.
Address: <u>2727 Bayshore Drive Suite 101</u>	<u>941-793-5140</u>
<u>Naples, FL. 34112</u>	Fax No.

ATTACHMENTS:

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

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:

<u><i>Donald R. Volz</i></u>	<u>8-11-99</u>
Signature	Date
<u>Treasurer</u>	<u>941-793-7460</u>
Title	Telephone No.
Address: <u>2727 Bayshore Drive Suite 101</u>	<u>941-793-5140</u>
<u>Naples, FL. 34112</u>	Fax No.
_____	_____
_____	_____

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054414

1. Corporation Name KING COMMUNICATIONS & SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2727 Bay Shore Drive Naples Florida 33962 Mailing Address 2727 Bay Shore Drive Naples Florida 33962

3. Date Incorporated or Qualified 06/24/1996

4. FEI Number 65-0677571 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 22. City & State 27. City & State 23. Zip 28. Zip 24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent MARTINEZ, MARIA J. 2727 Bay Shore Drive Naples Florida 33962

10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS TITLE P MARTINEZ, MARIA J 2727 Bay Shore Drive Naples Florida 33962 VP DELGADO, DANIEL R 2727 Bay Shore Drive Naples Florida 33962

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

14. I hereby indicate office: Block

Check from KING COMMUNICATIONS & SERVICE, INC. for \$150.00 payable to Dept. of State. Includes bank information for First Union National Bank and a signature from Daniel R. Delgado.

SIGNATURE: MARIA J. MARTINEZ

4/29/1999 (941) 193-1400

BALANCE SHEET

BUSINESS NAME KING COMMUNICATION & SERVICES INC.
ADDRESS 2727 BAYSHORE DR STE 101 NAPLES FL 34112
NATURE OF BUSINESS REPRINTS & COMM. SVCS.
STATEMENT REFLECTS POSITION AS OF CLOSE OF DEC. 31, 1998

ASSETS

CASH ON HAND \$ _____
CASH IN BANKS \$ 3,734.82
DEPOSITS \$ 3,450.00
ACCOUNT RECEIVABLE \$ _____
EQUIPMENT \$ _____
FURNITURE & FIXTURE \$ 11,200.00
AUTOMOBILES \$ _____
LESS DEPRECIATION \$ 2,654.79
OTHER _____ \$ _____
INVENTORY \$ 8,175.00

\$ _____

TOTAL \$ 23,905.33

LIABILITIES

ACCOUNTS PAYABLE \$ 524.45
NOTES PAYABLE \$ _____
TAXES PAYABLE \$ 479.61
OTHER \$ 19,203.84
STOCKH. LOANS \$ _____
TOTAL LIABILITIES \$ _____
CAPITAL STOCK:
Capital Stock:
Preferred
Common \$ 500.00
Surplus \$ 3,147.43

TOTAL LIABILITIES & Capital Stock. \$ 23,905.33

SIGNED THIS 15 DAY OF July, 19 99

Miriam King Accountant

PROFIT AND LOSS STATEMENT

FOR

KING COMM. & SERVICES INC.

2727 BAYSHORE DR STE 101

NAPLES FL. 34112-5848

FOR THE PERIOD JAN 1ST. 1998 TO DEC. 31. 1998

GROSS INCOME

\$ 510,227.99

LESS:

ALLOWANCE FOR BAD DEBTS \$

COST OF GOODS SOLD \$ 463,344.77

TOTAL

\$ 463,344.77

GROSS PROFIT

LESS:

OFFICER COMM. \$ 20,000.00

RENT \$ 7,904.16

UTILITIES

WATER \$

PHONE \$ 2,971.09

ELECTRIC \$ 1,224.81

GAS/FUEL \$

AUTO & TRUCK \$ 875.10

ADVERTISING \$ 3,776.05

INSURANCE \$ 305.56

TAXES & LIC. \$ 1,010.76

MAINTENANCE/REPAIRS \$ 975.00

MISCELLANEOUS \$ 2,748.31

DEPRECIATION \$ 1,014.49

TOTAL EXPENSES

\$ 42,806.33

NET OPERATING PROFIT

\$ 4,076.89

OTHER INCOME

\$ 71.08

TOTAL NET INCOME

\$ 4,147.97

PROVISION FOR TAXES

\$

NET INCOME AFTER TAXES

\$

This statement prepared by:

Miriam Huey Accountant

Signed this

15

day of

July

, 19 99.

BALANCE SHEET

BUSINESS NAME KING COMMUNICATION & SERVICES INC.

ADDRESS 2727 BAYSHORE DR STE 101 MAPLES FL. 34112

NATURE OF BUSINESS ORRERS & COMM. SVCS.

STATEMENT REFLECTS POSITION AS OF CLOSE OF DEC. 31, 1997

ASSETS

CASH ON HAND \$ 1,016.90
CASH IN BANKS \$ _____
DEPOSITS \$ 3,450.00
ACCOUNT RECEIVABLE \$ _____
EQUIPMENT \$ _____
FURNITURE & FIXTURE \$ 8,200.00
AUTOMOBILES \$ _____
LESS DEPRECIATION \$ 1,640.00
OTHER _____ \$ _____
INVENTORY \$ 1,520.00
_____ \$ _____

TOTAL \$ 12,546.90

LIABILITIES

ACCOUNTS PAYABLE \$ _____
NOTES PAYABLE \$ _____
TAXES PAYABLE \$ _____
OTHER \$ _____
STOCKH. LOANS \$ 12,997.44
TOTAL LIABILITIES \$ _____
CAPITAL STOCK:
Capital Stock:
Preferred _____
Common \$ 500.00
Surplus \$ (950.54)

TOTAL LIABILITIES & Capital Stock. \$ 12,546.90

SIGNED THIS 15 DAY OF July, 19 99
Marian Niles, President

PROFIT AND LOSS STATEMENT

FOR
KING COMM. & SERVICES INC.

2727 BAYSHORE DR STR 101

NAPLES FL. 34112-5848

FOR THE PERIOD JAN. 1ST. 1997 TO DEC. 31. 1997

GROSS INCOME

\$ 248,381.28

LESS:

ALLOWANCE FOR BAD DEBTS \$

COST OF GOODS SOLD \$

TOTAL

\$ 207,394.81

\$ 207,394.81

GROSS PROFIT

LESS:

OFFICER COMM. \$

RENT \$

UTILITIES

WATER \$

PHONE \$

ELECTRIC \$

GAS/FUEL \$

AUTO & TRUCK \$

ADVERTISING \$

INSURANCE \$

TAXES & LIC. \$

MAINTENANCE/REPAIRS \$

MISCELLANEOUS \$

DEPRECIATION \$

20,000.00

7,904.16

3,808.78

1,282.73

715.50

1,091.25

600.40

776.00

780.50

2,487.15

820.00

TOTAL EXPENSES

\$ 39,966.47

NET OPERATING PROFIT

\$ 1,020.00

OTHER INCOME

\$

TOTAL NET INCOME

\$ 1,020.00

PROVISION FOR TAXES

\$

NET INCOME AFTER TAXES

\$ 1,020.00

This statement prepared by:

Miriam Perez Accountant

Signed this

15

day of

July

, 19

99

BALANCE SHEET

BUSINESS NAME KING COMMUNICATION & SERVICES INC.
ADDRESS 2727 BAYSHORE DR STE 101 NAPLES FL 34112
NATURE OF BUSINESS REPEAS & COMM SVCS
STATEMENT REFLECTS POSITION AS OF CLOSE OF DEC. 31, 1996

ASSETS

CASH ON HAND \$ _____
CASH IN BANKS \$ 5,500.00
DEPOSITS \$ 3,450.00
ACCOUNT RECEIVABLE \$ _____
EQUIPMENT \$ _____
FURNITURE & FIXTURE \$ 8,200.00
AUTOMOBILES \$ _____
LESS DEPRECIATION \$ 820.00
OTHER _____ \$ _____
INVENTORY \$ 1,200.00

\$ _____

TOTAL \$ 17,530.00

LIABILITIES

ACCOUNTS PAYABLE \$ _____
NOTES PAYABLE \$ _____
TAXES PAYABLE \$ _____
OTHER \$ _____
STOCKH. LOANS \$ 19,000.54
TOTAL LIABILITIES \$ _____
CAPITAL STOCK:
Capital Stock:
Preferred _____
Common \$ 500.00
Surplus \$ (1,970.54)

TOTAL LIABILITIES & Capital Stock. \$ 17,530.00

SIGNED THIS 15 DAY OF July, 1999
Miriam May Accountant

PROFIT AND LOSS STATEMENT

FOR
HING COMM & SERVICES INC.

2727 BAYSHORE DR STE 101

NAPLES FL. 34112 - 5848

FOR THE PERIOD JAN. 1ST. 1996 TO DEC. 31. 1996

GROSS INCOME

\$ 34,543.80

LESS:

ALLOWANCE FOR BAD DEBTS \$

COST OF GOODS SOLD \$

TOTAL

\$ 13,410.72

\$ 13,410.72

GROSS PROFIT

LESS:

OFFICER COMM \$

RENT \$

UTILITIES

WATER \$

PHONE \$

ELECTRIC \$

GAS/FUEL \$

AUTO & TRUCK \$

ADVERTISING \$

INSURANCE \$

TAXES & LIC. \$

MAINTENANCE/REPAIRS \$

MISCELLANEOUS \$

DEPRECIATION \$

\$ 5,000.00

\$ 4,610.76

\$

\$ 1,411.52

\$ 743.39

\$

\$ 590.38

\$ 1,214.13

\$ 831.00

\$ 1,034.82

\$ 2,510.95

\$ 3,837.07

\$ 820.00

TOTAL EXPENSES

\$ 23,103.62

NET OPERATING PROFIT

\$ (1,970.54)

OTHER INCOME

\$

TOTAL NET INCOME

\$ (1,970.54)

PROVISION FOR TAXES

\$

NET INCOME AFTER TAXES

\$ (1,970.54)

This statement prepared by:

Miriam Henry Accountant

Signed this

15

day of

July

, 19

99.