

ORIGINAL

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****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.

AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 EAG _____
 LEG _____
 MAS _____
 OPC _____
 PAI _____
 SEC I
 WAW _____
 OTH _____

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:

DEPOSIT DATE

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

D197 SEP 21 1999

DALE M. WILLIAMS, INC.
 PO BOX 22774
 LAKE BUENA VISTA, FL 32830-2774

FIRST UNION NATIONAL BANK
 ORLANDO, FL 32819
 63-2/630

12396

9/17/99

PAY TO THE ORDER OF Florida Public Service Commission

\$100.00

One Hundred and 00/100

Florida Public Service Commission
 Division of Records & Reporting
 2540 Shumard Oak Blvd
 Tallahassee, FL 32399-0850

DOCUMENT NUMBER-DATE

11372 SEP 21 99

DOLLARS
 Security features included. Details on back.

MEMO

012396

See call

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D 1 9 7	SEP 2 1 1999

- ◆ 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**

1. Name of company or name of individual (not fictitious name or d/b/a):
Dale M Williams Inc. *original*

2. Name under which applicant will do business (fictitious name, etc.):
None at this time

3. Official mailing address:
Street: 1660 Old South Road
P.O. Box: 22774
City: Lake Buena Vista
State: FL Zip: 32830

4. Florida address:
Street: 1660 Old South Road
P.O. Box: 22774
City: Lake Buena Vista
State: FL Zip: 32830

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: 697109