

Alacrity Communications, Inc.
555 Charlie Smith Sr. Hwy
Suite 8-350
St. Mary's, Georgia 31558
Phone: (912) 882-6253

Date: December 20, 1999

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

Attn: Paula J. Isler, Research Assistant

Re: File No. TMS 4351

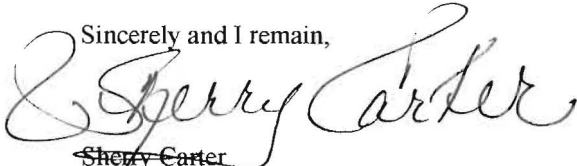
000004-TC

Dear Ms Isler,

Please be advised that J & L Communications request cancellation of the original certificate and wish to reapply under the new name of Alacrity Communications, Inc having the same effective date. Enclosed you will find the application form and fee along with the corporation documents.

If you have any questions or need any additional information, please don't hesitate to contact me at the above listed phone number. Also, after business hours you can reach me @ (912) 729-7880.

Sincerely and I remain,



~~Sherry Carter~~
Office Manager

Cert 3353

TE 827

DOCUMENT NUMBER-DATE

00014 JAN-38

FPSC-RECORDS/REPORTING

****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 non-refundable **application fee of \$100.00** 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 Communications
Bureau of Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

DOCUMENT NUMBER-DATE
00014 JAN-3 8
FPSC-RECORDS/REPORTING

DEPOSIT

DATE

D228

JAN 02 2000

1. Name of company or name of individual (not fictitious name or d/b/a):

ACRITY COMMUNICATIONS, INC.

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

ACRITY COMMUNICATIONS, INC.

3. Official mailing address:

Street: 555 CHARLIE SMITH SR. HWY.

P.O. Box: SUITE 8-350

City: ST. MARYS

State: GEORGIA Zip: 31558

4. Florida address:

Street: N/A

P.O. Box: _____

City: _____

State: _____ Zip: _____

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: N/A

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:

Florida Fictitious Name
Registration Number: _____

N/A

8. F.E.I. Number (if applicable): _____

9. If individual, provide:

Name: ROBERT W. URSRUCH

Title: OWNER / PRESIDENT

Address: 406 WEST GATE CIRCLE

City/State/Zip: ST. MARLYS, GA. 31558

Telephone No.: 912-882-5092 Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

a. Name: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____
10. Partnership (continued)
b. Name: N/A
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

a. The application:

Name: ROBERT W. URSPRUCH
Title: OWNER
Address: 406 WEST GATE CIRCLE
City/State/Zip: ST. MARYS, GA. 31558
Telephone No.: 912-882-5092 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: SHERRY CARTER
Title: SECRETARY
Address: 555 CHARLIE SMITH SR. HWY SUITE 8-350
City/State/Zip: ST. MARYS, GA. 31558
Telephone No.: 912-882-6253 Fax No.: 912-882-3560
Internet E-Mail Address: AIACRITY@EAGNET.COM
Internet Website Address: _____

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: NO

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.

Georgia

b. Has applications pending to be certified as a pay telephone provider.

NONE

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NONE

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

NONE

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: 30

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 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: _____

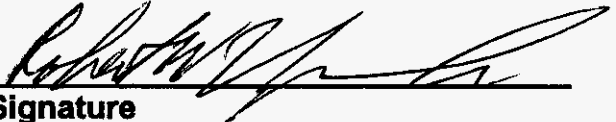
20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
- No Explain: _____

****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 two and one-half percent on all intra- and interstate business.
3. **SALES TAX:** I understand the 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>ROBERT W. URSBRUCH</u> Print Name	<u></u> Signature
<u>OWNER</u> Title	<u>12-20-99</u> Date
<u>912-882-6253</u> Telephone No.	<u>912-882-3560</u> Fax No.
Address:	<u>ALACRITY COMMUNICATIONS, INC.</u>
	<u>555 CHARLIE SMITH SR. HWY.</u>
	<u>SUITE 8-350</u>
	<u>ST. MARY'S, GA. 31558</u>
	<u> </u>

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."

UTILITY OFFICIAL:

ROBERT W. VRSRUCH

Print Name



Signature

OWNER

Title

12-20-99

Date

912-882-6253

Telephone No.

912-882-3560

Fax No.


Address:

Alacrity Communications, Inc.
655 Charlie Smith Sr. Hwy.
Suite 8-350
St. Marys, GA 31558

****APPLICANT ACKNOWLEDGMENT****

Applicant: ROBERT W. URSPRUCH

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

<u>ROBERT W. URSPRUCH</u> Print Name	<u></u> Signature
<u>OWNER</u> Title	<u>12-20-99</u> Date
<u>912-882-6253</u> Telephone No.	<u>912-882-3560</u> Fax No.

Address: _____

Alacrity Communications, Inc.
555 Charlie Smith Sr. Hwy.
Suite 8-350
St. Marys, GA 31558

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.

ALACRITY COMMUNICATIONS, INC.
555 CHARLIE SMITH SR. HWY
SUITE 8-350
ST. MARYS, GEORGIA 31558
TELEPHONE (912) 882-6253
FAX (912) 882-3560

FAX TRANSMITTAL

DATE: 12-20-99
TO: Barbara Bailey
FAX: ⁸⁵⁰ ~~904~~ 413-6505
FROM: Sherry
SUBJECT: File # TE827.9901
NUMBER OF PAGES WITHOUT COVER SHEET: 3

MESSAGE:

Barbara,
PLEASE FIND CORRECTED RESPONSES
TO FILE # TE827.9901 AND ALSO
TE827.9903
IF YOU HAVE ANY QUESTIONS,
PLEASE CONTACT ME @ THE ABOVE
LISTED NUMBER.

THANKS,
Sherry

IF TRANSMISSION IS INTERRUPTED OR IF FAX IS UNREADABLE, PLEASE CONTACT OUR OFFICE AT THE ABOVE LISTED TELEPHONE NUMBER. THANK YOU IN ADVANCE.

STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JULIA L. JOHNSON
E. LEON JACOBS, JR..



DIVISION OF
TELECOMMUNICATIONS
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

November 8, 1999

File Number
TE827.99003

CERTIFIED LETTER

J AND L COMMUNICATIONS
ATTN: Bob Urspruch
555 Charlie Smith Sr. Highway
St. Marys, GA 31558

Dear Payphone Provider:

The Commission staff has not received your response to our previous letter concerning the violations listed below. For your convenience, you may complete the enclosed Service Violation Correction Form as your response. Please provide an explanation of the action taken to correct the violation(s), sign, and return the form within 15 calendar days.

Failure to correct these violations and respond to this letter may result in a fine being imposed and/or your pay telephone certificate being cancelled.

NUMBER	PAY PHONE ADDRESS	CITY	VIOLATION ITEMS	EVAL DATE
9047459720	765 UNIVERSITY BLVD.	JACKSONVILLE	12 21	10/14/1999

If you have any questions, please contact me at 850/413-6504 or fax at 850/413-6505.

Sincerely,

Barbara H. Bailey
Barbara H. Bailey
Research Assistant
Bureau of Service Evaluation

November 8, 1999

SERVICE VIOLATION CORRECTION FORM
J AND L COMMUNICATIONS

TE827.99003

SIGNED:

Sherry Carter

DATE:

12/99

NUMBER

CORRECTION

9047459720

Items corrected

Item # 12

Corrected - See attached

Item # 21

*Current Directory was
replaced*

STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JULIA L. JOHNSON
E. LEON JACOBS, JR.



DIVISION OF
TELECOMMUNICATIONS
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

May 24, 1999

File Number
TE827.9901

CERTIFIED LETTER

J AND L COMMUNICATIONS
ATTN: Bob Urspruch
555 Charlie Smith Sr. Highway
St. Marys, GA 31558

Dear Payphone Provider:

The Commission staff has not received your response to our previous letter concerning the violations listed below. For your convenience, you may complete the enclosed Service Violation Correction Form as your response. Please provide an explanation of the action taken to correct the violation(s), sign, and return the form within 15 calendar days.

Failure to correct these violations and respond to this letter may result in a fine being imposed and/or your pay telephone certificate being cancelled.

NUMBER	PAY PHONE ADDRESS	CITY	VIOLATION ITEMS	EVAL DATE
9042419985	317 9TH AVE.	JACKSONVILLE	17 21 23	04/15/1999

If you have any questions, please contact me at 850/413-6504 or fax at 850/413-6505.

Sincerely,

Barbara H. Bailey
Barbara H. Bailey
Research Assistant
Bureau of Service Evaluation

May 24, 1999

SERVICE VIOLATION CORRECTION FORM
J AND L COMMUNICATIONS

TE827.9901

SIGNED:

Sperry Carter

DATE:

6/99

NUMBER

CORRECTION

9042419985

ITEMS 17, 21, 23 CORRECTED

Item #17 0- CALLS ROUTED TO
OPTICOM COMMUNICATIONS

#21 CURRENT DIRECTORY REPLACED

#23 PHONE WAS LOWERED 9"
TO MEET HANDICAP
STANDARDS.

THIS PHONE IS NOT THE PROPERTY OF THE LOCAL EXCHANGE COMPANY

Responsible Party:

d/b/a J&L Communications
325 Spur 40 Suite 8 - 144
St. Marys, Georgia 31558
(912) 673-6036

Certificate No.: 3353

WARNING: According to Federal Law, it is a felony to open the body of a public telephone or cause damage to the telephone or to make it or its wires inoperative. Conviction can result in five years of imprisonment and a \$5,000.00 fine.

EMERGENCY.....	911 OR 0
LOCAL OPERATOR	0
LONG DISTANCE OPERATOR.....	00
SERVICE/REFUND	611

This Telephone has been prescribed to OPTICOM as its Alternate Operator Service (AOS) provider, that long distance service will be provided by OPTICOM and billed by OPTICOM at its rates and that the rates may be obtained by dialing "00". To access other alternative carriers, follow the instructions given by that carrier.

ALACRITY COMMUNICATIONS, INC
555 Charlie Smith Sr. Hwy Suite 8-350
St. Marys, Georgia 31558
(912) 882-6253 or (912) 673-6036
FAX (912) 882-~~4444~~ 3560

FAX TRANSMITTAL

Date: 5-6-99
To: BOB BAILEY
Fax Number: 850-413-6505
From: SHERREY
Number of pages without cover sheet: 2

MESSAGE:

INFO PER YOUR
REQUEST.
PLEASE ADVISE.
THANKS,
SHERREY

IF TRANSMISSION IS BROKEN, INTERRUPTED OR IF FAX IS UNREADABLE CALL (912)
882-6253 OR (912) 673-6036

STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JULIA L. JOHNSON
E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING
BLANCA S. BAYO
DIRECTOR
(850) 413-6770

*4/11/99
3-11-99*

Public Service Commission

March 4, 1999

J and L Communications
325 Spur 40, Suite 8-350
St. Marys, GA 31558

17/B/A ALACRITY COMMUNICATIONS

Dear Sir or Madam:

The Commission is reviewing its information on regulated utilities. Please check the information below and note any change(s) on this letter, and return the letter to us within 15 days of receipt. Pursuant to Commission Rule 25-22.005(7), F.A.C., any future changes in this information must be reported to us in writing. Thank you for your cooperation.

Sincerely,

Blanca S. Bayo

Blanca S. Bayo

J and L Communications

17/B/A Alacrity Comm

Location: ~~325 Spur 40~~ *555 CHARLIE SMITH SR. HWY.*
Suite 8-350
St. Marys, GA 31558

Mailing Address: ~~325 Spur 40~~ *555 CHARLIE SMITH SR. HWY.*
Suite 8-350
St. Marys, GA 31558

Liaison Officer(s):

Bob Urspruch, Owner, (912) 882-6253(912) 673-6036 After Hrs

FAX No(s): (912) 882-~~7449~~ *3560*

Internet e-mail address: *alacrity @ eagnet. com*

Internet home page address: *N/A*

FEID Number: 58-2051278

Company Code: TE827

Certificate(s): *3353*

Date Completed: *3-11-99*

By: *[Signature]*



STATE OF GEORGIA

1999 CORPORATION ANNUAL REGISTRATION

CATHY COX Secretary of State

CORPORATIONS DIVISION PO BOX 105607 Atlanta GA 30348-5607 (404)656-2817

WARREN H RARY Director

CORPORATION NO. K310683 Information on record as of: 12-31-98 ALACRITY COMMUNICATIONS, INC. 325 SPUR 40 # 8-144 SAINT MARYS, GA 31558-3137 Registered agent: LAURA A. WILLIAMS 325 SPUR 40, #8-144 ST. MARYS, GA 31558

AMOUNT DUE: \$ 15.00

MAKE CHECK PAYABLE TO: "SECRETARY OF STATE"

- 1. The Annual Registration is due by April 1, 1999. Corporations that do not file are subject to administrative dissolution/revocation. 2. Verify information below and update if necessary. If correct, sign, detach and return with payment. If no officers or FEIN (Federal Employer Identification Number) are listed, please print or type on appropriate line and return with payment. 3. Allow 2 to 3 weeks for processing. Please visit our web site to verify receipt of the registration and to obtain answers to frequently asked questions, http://www.sos.state.ga.us/corporations. NOTE: EXISTING CORPORATIONS HAVE BEEN ASSIGNED A NEW CORPORATION NUMBER FOR Y2K COMPLIANCE.

COMING IN 1999!!! - Online registration via the Internet (Check our web site for further details)

http://www.sos.state.ga.us/corporations

Verify registered agent, entity officer and status information via the Internet - Reserve names and request certificates online! Call our Customer Service Group to obtain written certification of data.

DETACH AND RETURN FORM BELOW WITH PAYMENT IN ENCLOSED ENVELOPE

Table with 5 columns: CORPORATION NAME, ADDRESS, CITY, STATE, ZIP. Rows include ALACRITY COMMUNICATIONS, INC. and officer information for CEO, CFO, SEC, and AGT.

IF ABOVE INFORMATION HAS CHANGED, TYPE OR PRINT CORRECTIONS BELOW

Table for corrections with 5 columns: CORPORATION ADDRESS, CEO, CFO, SEC, AGT. Includes handwritten corrections for address and officer names.

Administrative fields including FEIN: 582051278, COUNTY OF REGISTERED OFFICE: CAMDEN, FEE: \$15.00, DATE: 05/05/93, DP: N K310683

PHONE CALL			
FOR	DATE 5/24	TIME	A.M. P.M.
M	BARB BAILEY		
OF	FPSC		
PHONE	AREA CODE	NUMBER	EXTENSION
	850	413	6504
FAX #			
MESSAGE	✓ ON STATUS OF VIOLATIONS 5/20 SPOKE W/ BARB VERBAL VIOLATIONS CORRECTED		
	TELEPHONED	RETURNED YOUR CALL	PLEASE CALL
	WILL CALL AGAIN	CAME TO SEE YOU	WANTS TO SEE YOU
	SIGNED		

PHONE CALL			
FOR	DATE 6/8	TIME	A.M. P.M.
M	BARB BAILEY		
OF	FPSC		
PHONE	AREA CODE	NUMBER	EXTENSION
	850	413	6504
FAX #	850	413	6505
MESSAGE	✓ STATUS VIOLATION RETURNED CALL LEFT MESS ON 6-14-99 & 6-15-99		
	TELEPHONED	RETURNED YOUR CALL	PLEASE CALL
	WILL CALL AGAIN	CAME TO SEE YOU	WANTS TO SEE YOU
	SIGNED		

PHONE CALL			
FOR	DATE 6/15	TIME	A.M. P.M.
M	BARB		
OF	FPSC		
PHONE	AREA CODE	NUMBER	EXTENSION
FAX #			
MESSAGE	✓ STATUS ON NAME CHANGE CANCEL OLD / REAPPLY FOR NEW EFF. DAY. CONTACT TONI MCCOY @ 850-413-6532		
	TELEPHONED	RETURNED YOUR CALL	PLEASE CALL
	WILL CALL AGAIN	CAME TO SEE YOU	WANTS TO SEE YOU
	SIGNED		

PHONE CALL			
FOR _____	DATE <u>6/10</u>	TIME _____	A.M. P.M.
M. <u>TONI MCCOY</u>			
OF <u>DIVISION OF RECORDS / REPRODUCTION</u>			TELEPHONED
PHONE <u>850-413-6532</u>	AREA CODE	NUMBER	EXTENSION
FAX# _____			RETURNED YOUR CALL
MESSAGE <u>WILL MAIL INFO</u>			PLEASE CALL
<u>PACKAGE OUT FOR</u>			WILL CALL AGAIN
<u>NAME CHANGE.</u>			CAME TO SEE YOU
			WANTS TO SEE YOU
SIGNED _____			

PHONE CALL			
FOR _____	DATE <u>7/6</u>	TIME _____	A.M. P.M.
M. <u>BARBARA BAILEY</u>			
OF <u>C FPSC</u>			TELEPHONED
PHONE <u>850-413-6504</u>	AREA CODE	NUMBER	EXTENSION
FAX# _____			RETURNED YOUR CALL
MESSAGE <u>NAME CHANGE STATUS.</u>			PLEASE CALL
<u>WAITING ON INFORMATION</u>			WILL CALL AGAIN
<u>PACKAGE.</u>			CAME TO SEE YOU
			WANTS TO SEE YOU
SIGNED _____			

DEPOSIT

DATE

D222

JAN 04 2000

000004-TC

1. Name of company or name of individual (not fictitious name or d/b/a):

ALACRITY COMMUNICATIONS, INC.

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

ALACRITY COMMUNICATIONS, INC.

3. Official mailing address:

Street: 555 CHARLIE SMITH SR. HWY.

P.O. Box: & SUITE 8-350

City: ST. MARYS

State: GEORGIA Zip: 31558

4. Florida address:

Street: N/A

P.O. Box: _____

City: _____

State: _____ Zip: _____

5. Structure of organization:

() Individual

() Corporation

() General Partnership

DOCUMENT NUMBER - DATE

00014 JAN-38

FPSC-RECORDS/REPORTING

ALACRITY COMMUNICATIONS INC.

555 CHARLIE SMITH SR. HWY.
STE. 8-350
ST. MARYS, GA 31558

1746

64-584/612
BRANCH 009

Date 12-20-99 \$ 100.00

Pay to the
Order of

ONE HUNDRED DOLLARS

SOUTHEASTERN BANK
P.O. Box 1204
Saint Marys, Georgia 31558

For

app. fee
[Signature]

⑈001746⑈

Style 70