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FLORIDA PUBLIC SERVICE COMMISSION
DIV. OF TELECOMMUNICATIONS

****FLORIDA PUBLIC SERVICE COMMISSION**53**

DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

000396-TC

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**

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

MK Communications, Incorporated

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

MK Communications Incorporated

3. Official mailing address:

Street: 1710 SW 17th Street Suite 301

P.O. Box: _____

City: Ocala

State: Florida Zip: 34474

4. Florida address:

Street: 1710 SW 17th Street Suite 301

P.O. Box: _____

City: Ocala

State: Florida Zip: 34474

5. Structure of organization:

() Individual

(X) 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: PO0000027370

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: _____

8. F.E.I. Number (if applicable): Has been applied for

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ 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: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

10. **Internet Website Address:** _____
Partnership (continued)

b. **Name:** _____
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: Don McCall
Title: Vice President
Address: 1510 SW 17th Street Suite 301
City/State/Zip: Ocala, FL 34474
Telephone No.: 352-369-1600 **Fax No.:** 352-369-1700
Internet E-Mail Address: d.mccall@hitler.com
Internet Website Address: _____

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

Name: Mary Keck
Title: President
Address: 1710 SW 17th Street Suite 301
City/State/Zip: Ocala, FL 34474
Telephone No.: 352-369-1600 **Fax No.:** 352-369-1700
Internet E-Mail Address: _____
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: _____

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.

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.

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

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

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

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

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: 120

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- () PERSONALLY
- () FULL-TIME TECHNICIAN
- () PART-TIME TECHNICIAN
- (X) 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.

- (X) 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.

- (X) 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:

Dan McCall

Print Name

Dan McCall

Signature

Vice Pres

Title

3-30-00

Date

352 369-1600

Telephone No.

352-369-1700

Fax No.

Address:

1710 S.W. 17TH St Suite 301

Ocala Florida 34474

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:

Dan McCall
Print Name

Dan McCall
Signature

Vice Pres.
Title

3-30-00
Date

352-369-1600
Telephone No.

352-369-1700
Fax No.

Address: 1710 S.W. 17th St Suite 301
Ocala Fla 34474

****APPLICANT ACKNOWLEDGMENT****

Applicant: MK Communications Inc

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

Dan McCall
Print Name

Dan McCall
Signature

Vice Pres.
Title

3-30-00
Date

352-369-1600
Telephone No.

352-369-1700
Fax No.

Address: 1710 S.W. 17TH ST Suite 301
Ocala Fla 34474

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 DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 17, 2000

W. JAMES GOODING, III, ESQ.
7 EAST SILVER SPRINGS BLVD.
SUITE 500
OCALA, FL 34470

The Articles of Incorporation for MK COMMUNICATIONS, INC. were filed on March 10, 2000 and assigned document number P0000027370. Please refer to this number whenever corresponding with this office regarding the above corporation.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT/UNIFORM BUSINESS REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT/UNIFORM BUSINESS REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT/UNIFORM BUSINESS REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Doris Brown, Document Specialist
New Filings Section

Letter Number: 200A00014884

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**ARTICLES OF INCORPORATION
OF
MK COMMUNICATIONS, INC.**

ARTICLE I. - CORPORATE NAME

The name of this corporation is MK Communications, Inc.

ARTICLE II. - PURPOSE

The general nature of the business to be transacted by this Corporation is to engage in any and all business permitted under the laws of the State of Florida, including, without limitation, the acquisition (by purchase or otherwise) and operation of a pay telephone business.

ARTICLE III. - CAPITAL STOCK

The maximum number of shares that this Corporation is authorized to issue and have outstanding at any one time is 1000 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV. - DURATION

This Corporation shall have perpetual existence, commencing upon filing of these Articles.

ARTICLE V. - REGISTERED AGENT AND INITIAL REGISTERED OFFICE.

The Registered Agent and the street address of the initial Registered Office of this Corporation in the State of Florida shall be:

Mary Keck
1510 SW 17th Street
Ocala, Florida 34475

The Board of Directors from time to time may move the Registered Office to any other address in the State of Florida.

ARTICLE VI. - CORPORATION PRINCIPAL OFFICE.

The Corporation's principal office and the street address of this Corporation shall be:

1510 SW 17th Street
Ocala, Florida 34475

ARTICLE VII. - BOARD OF DIRECTORS

This Corporation shall have two (2) directors initially. The number of directors may be increased or diminished from time to time by Bylaws adopted by the stockholders, but shall never be less than one.

ARTICLE VIII. - INITIAL DIRECTORS

The name of the initial directors of this Corporation and their street address are:

Dan H. McCall 1510 SW 17th Street
Ocala, Florida 34475

Mary Keck 1510 SW 17th Street
Ocala, Florida 34475

The persons named as initial directors shall hold office for the first year of existence of this Corporation or until their successors are elected or appointed and have qualified, whichever occurs first.

ARTICLE IX. - INCORPORATOR

The name and street address of the person signing these Articles of Incorporation as the Incorporator is:

Mary Keck
1510 SW 17th Street
Ocala, Florida 34475

ARTICLE X. - AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law.

IN WITNESS WHEREOF, the undersigned, as Incorporator, has executed the foregoing Articles of Incorporation on this 8 day of March, 2000.

MK Communications, Inc.

Mary Keck
Mary Keck
As Incorporator

ACCEPTANCE OF REGISTERED AGENT

In compliance with Section 48.091, Florida Statutes, the following is submitted:

That MK Communications, Inc., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, at 1510 SW 17th Street, Ocala, Florida 34475, has named Mary Keck as its agent to accept service of process within the state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above-named Corporation, at the place designated in this certificate, the undersigned agrees to act in this capacity, and agrees to comply with the provisions of Florida law relative to keeping the designated office open.

Mary Keck
Registered Agent
BY: Mary Keck

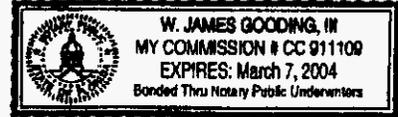
DO NOT WRITE IN THESE SPACES
MAR 10 PM 1:31

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 8 day of March,
2000 by Mary Keck.

W. James Gooding III
Notary Public, State of Florida
Name: W. James Gooding III
(Please print or type)

Commission Number:
Commission Expires:



Notary: Check one of the following:

Personally known OR Produced Identification (if this box is checked, fill in
blanks below).

Type of Identification Produced: _____
