

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

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

3. Official mailing address:
Street: 9311 LIDO LN
P.O.Box: _____
City: Port Richey
State: FL Zip: 34668

RECEIVED
00 AUG 24 AM 9:54
MAIL ROOM

4. Florida address:
Street: 9311 LIDO LN
P.O.Box: _____
City: Port Richey
State: FL Zip: 34668

5. Structure of organization:
- () Individual
 - () Corporation
 - (X) General Partnership
 - () Limited Partnership
 - () Other: _____

DEPOSIT DATE
D8528 AUG 25 2000

6. If incorporated in Florida:

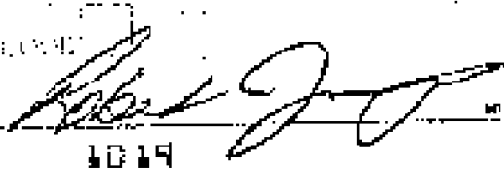
ROBERT E JENNINGS
8311 LIDO LN
PORT RICHEY, FL 34688

CAP
Acct of Marriage with Acct 1
Date 8/22/00

1019
BRANCH 0620

Pay to the Order of FL Public Service Commission \$ 100.00
One hundred dollars & 00/100 Dollars

First Union National Bank
1019



Florida:
DOCUMENT NUMBER-DATE
10528 AUG 25 00
FPSC-RECORDS/REPORTING

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

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

00 AUG 24 10 03 54
FBI

3. Official mailing address:
Street: 9311 LIDO LN
P.O.Box: _____
City: Port Richey
State: FL Zip: 34668

4. Florida address:
Street: 9311 LIDO LN
P.O.Box: _____
City: Port Richey
State: FL Zip: 34668

5. Structure of organization:
 Individual
 Corporation
 General Partnership
 Limited Partnership
 Other: _____

DEPOSIT	DATE
D 3 5 2	AUG 25 2000

6. If incorporated in Florida, provide proof of authority to operate in Florida:
Florida Secretary of State
Corporate Registration Number: _____

DOCUMENT NUMBER-DATE
10528 AUG 25 00
FPC-REGS/REPORTING

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): _____

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: Robert Jennings

Title: _____

Address: 9311 Lido Ln

City/State/Zip: Port Richey FL 34668

Telephone No. (727) 849-2113 Fax No.: _____

Internet E-Mail Address: fjenn9311@aol.com

Internet Website Address: _____

10. Partnership (continued)

b. Name: Jeff Jennings
Title: _____
Address: 5100 Rosewood Dr
City/State/Zip: New Port Richey FL 34653
Telephone No. (727) 859-0705 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 Jennings
Title: _____
Address: 9311 Lido Ln
City/State/Zip: Port Richey FL 34668
Telephone No.: (727) 849-2113 Fax No.: _____
Internet E-Mail Address: rjenn9311@aol.com
Internet Website Address: _____

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

Name: Robert Jennings
Title: _____
Address: 9311 Lido Ln
City/State/Zip: Port Richey FL 34668
Telephone No. (727) 849-2113 Fax No.: _____
Internet E-Mail Address: rjenn9311@aol.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.

NONE

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.

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: 15

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(16), 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 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>Robert Jennings</u> Print Name	<u>Robert Jennings</u> Signature
_____	<u>8/22/00</u> Date
_____	_____
<u>(727) 849-2113</u> Telephone No.	_____
_____	_____
Address: <u>9311 Lido Ln</u>	_____
<u>Port Richey FL</u>	_____
<u>34668</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 Jennings
Print Name

Robert Jennings
Signature

Title

8/22/00
Date

(727) 849-2113
Telephone No.

Fax No.

Address: 9311 LIDO LN
Fort Richey FL
34668

****APPLICANT ACKNOWLEDGMENT****

Applicant: Robert Jennings

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

Robert Jennings
Print Name

Robert Jennings
Signature

Title

8/22/00
Date

(727) 849-2113
Telephone No.

Fax No.

Address: 9311 LIDO LN
Port Richey FL
34668

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.