

010786-TC

CK 768  
\$100.00  
MC

**\*\*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:**

DEPOSIT                      DATE  
**D074**                      **MAY 29 2001**

MARIE B. Phillips  
Print Name

Marie B. Phillips  
Signature

President (MLV)  
Title

5-22-01  
Date

863-869-89540  
Telephone No.

863-869-9692  
Fax No.

Address: 114 Avenida Dr.  
Orlando FL  
32810

- SEP
- OK
- CMP
- COM
- CTR
- ECR
- LEG
- OPC
- PAI
- RGO
- SEC
- SER
- OTH

Form PSC/CMU-32 (02/99)  
Required by Commission Rule Nos. 25-24.510 & 25-24.511  
File Name: cmu-32.doc

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PSC-RECORDS REPORTING