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October 17, 2002

Ms. Blanca Bayo, Director  
Commission Clerk and Administrative Services  
Florida Public Service Commission  
2540 Shumard Oak Boulevard, Room 110  
Betty Easley Conference Center  
Tallahassee, FL 32399-0850

Check received with filing and forwarded  
to Fiscal for deposit. Fiscal to forward  
deposit information to Records.  
Initials of person who forwarded check

*[Handwritten initials]*

**TA HAND DELIVERY**

RECEIVED  
OCT 17 2002  
COMMISSION  
CLERK  
AM 10:25  
1-7380

*021057-TA*

Re: Application for Approval of Transfer of Majority Organizational Control of Hayes Telecommunication Services, Inc. and Transfer of AAV Certificate No. 4032 from Hayes Telecommunication Services, Inc. to Hayes E-Government Resources, Inc.

Dear Ms. Bayo:

Enclosed for filing are an original and six copies of the Application of Hayes E-Government Resources, Inc. for Approval by the Florida Public Service Commission of the Transfer of Majority Organizational Control of Hayes Telecommunication Services, Inc. and the Transfer of Alternative Access Vendor Certificate No. 4032 from Hayes Telecommunication Services, Inc. to Hayes E-Government Resources, Inc. Enclosed also in support of the Application, in an envelope marked CONFIDENTIAL, is a copy of the Statement of Assets and Liabilities-Income Tax Basis and the related Statement of Revenues and Expenses-Income Tax Basis for Hayes E-Government Resources, Inc. as of March 31, 2002. Hayes E-Government Resources, Inc. requests that these financial statements be kept confidential and exempt from s. 119.07(1), Florida Statutes, on the basis that they constitute proprietary confidential business information. Finally, enclosed also is the applicable filing fee of \$250.00.

Pursuant to Order No. PSC-95-0667-FOF-TA issued May 30, 1995, the Commission issued Alternative Access Vendor ("AAV") Certificate No. 4032 to Hayes Telecommunication Services, Inc. ("HTS"). At that time, all of the common stock of HTS was owned by Danny Hayes. All of the common stock of HTS has been purchased by a separate corporate entity, Hayes E-Government Resources, Inc. Pursuant to this Application, Hayes E-Government Resources, Inc. is requesting approval of the transfer of majority organizational control of the current certificated entity, HTS, and approval of a transfer or change of name of the certificated entity under AAV Certificate No. 4032 from HTS to Hayes E-Government Resources, Inc.

This claim of confidentiality was filed by or on behalf of a "teleco" for Confidential DN 11281-02. The document is in locked storage pending advice on handling. To access the material, your name must be on the CASR. If undocketed, your division director must obtain written EXD/Tech permission before you can access it.

RECEIVED & FILED

*[Handwritten signature]*

FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE

11280 OCT 17 02

FPSC-COMMISSION CLERK

Page 2

October 17, 2002

Please acknowledge receipt of these documents by stamping the extra copy of this letter "filed" and returning the copy to me.

Thank you for your assistance with this filing.

Sincerely,

  
Kenneth A. Hoffman

KAH/rl

Enclosures

cc: Mr. Tom Williams, with enclosure

Hayes\1016ltr

021057-TA

**\*\* FLORIDA PUBLIC SERVICE COMMISSION \*\***

**DIVISION OF REGULATORY OVERSIGHT**  
**CERTIFICATION SECTION**

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE ALTERNATIVE ACCESS VENDOR SERVICE**  
**WITHIN THE STATE OF FLORIDA**

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of a certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 13).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

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

Note: A filing fee is required for the sale, assignment or transfer of an existing certificate to another company (see Chapter 25-24.730, F.A.C.).

- E. If you have questions about completing the form, contact:

**Florida Public Service Commission**  
**Division of Regulatory Oversight**  
**Certification Section**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6480**

This is an application for (check one):

- (    ) **Original certificate** (new company).
  
- (    ) **Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate authority rather than apply for a new certificate.
  
- (    ) **Approval of Assignment of existing Certificate:** Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.
  
- (  ) **Approval for transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Hayes Telecommunication Services, Inc. (certificate holder)

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

Hayes E-Government Resources, Inc. (new certificate holder by merger)

4 Official mailing address (including street name & number, post office box, city, state, zip code):

1355 Thomaswood Drive

Tallahassee, Florida 32308

5. Florida address (including street name & number, post office box, city, state, zip code):

Same as #4  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Structure of organization:

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Foreign Partnership
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Other, _____	

7. **If individual**, provide:

Name: \_\_\_\_\_ N/A \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

8. **If incorporated in Florida**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State corporate registration number:**  
P95000024906 Hayes Telecommunication Services, Inc.  
P00000026603 Hayes E-Government Resources, Inc.

9. **If foreign corporation**, provide proof of authority to operate in Florida:

(a) **The Florida Secretary of State corporate registration number:**  
N/A

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida.

(a) **The Florida Secretary of State fictitious name registration number:**  
N/A

11. **If a limited liability partnership**, please proof of registration to operate in Florida.

(a) **The Florida Secretary of State registration number:** N/A

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

Name: N/A

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) **The Florida registration number:** N/A

14. Provide **F.E.I. Number**(if applicable): 593329095 Hayes Telecommunication Services, Inc.  
593633709 Hayes E-Government Resources, Inc.

15. Provide the following (if applicable):

(a) Will the name of your company appear on the bill for your services?  
 **Yes** ( ) **No**

(b) If not, who will bill for your services?

**Name:** N/A

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

(c) Who will the billed party contact to ask questions about the bill?

**Name:** Mac McCown

**Telephone Number:** 297-0551 xt. 118

(d) How is this information provided?

Main number on billing statement - billing questions transferred to Mr. McCown

16. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

**Name:** Kenneth A. Hoffman

**Title:** Attorney

**Address:** 215 South Monroe Street, Suite 420

**City/State/Zip:** Tallahassee, Florida 32301

**Telephone No.:** (850) 681-6788 **Fax No.:** (850) 681-1841

**Internet E-Mail Address:** \_\_\_\_\_

**Internet Website Address:** \_\_\_\_\_

(b) Official point of contact for the ongoing operations of the company:

**Name:** Karen Hayes Martinoff

**Title:** President

**Address:** 1355 Thomaswood Drive

**City/State/Zip:** Tallahassee, Florida 32308

**Telephone No.:** (850) 297-0551 **Fax No.:** (850) 297-0644

**Internet E-Mail Address:** kmartinoff@hcs.net

**Internet Website Address:** www.hcs.net



(c) Complaints/Inquiries from customers:

**Name:** Connie Williams

**Title:** Office Manager

**Address:** 1355 Thomaswood Drive

**City/State/Zip:** Tallahassee, Florida 32308

**Telephone No.:** (850) 297-0551 xt.162 **Fax No.:** (850) 297-0644

**Internet E-Mail Address:** cwilliams@hcs.net

**Internet Website Address:** www.hcs.net

17. List the states in which the applicant:

- (a) has operated as an Alternative Access Vendor.

None

- (b) has applications pending to be certificated as an Alternative Access Vendor.

None

- (c) is certificated to operate as an Alternative Access Vendor.

Florida - certificate number 4032

- (d) has been denied authority to operate as an Alternative Access Vendor and the circumstances involved.

None

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- (e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

None

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- (f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None

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**18.** Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

- (a) 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.

N/A

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- (b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

N/A

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19. The applicant will provide the following AAV services (check all that apply):

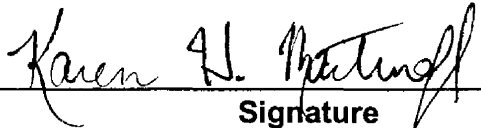
- a.  Intraexchange private line service to an affiliate.
- b.  Interexchange private line service to an affiliate.
- c.  Special access as part of a private line dedicated service.
- d.  Special access to an IXC switched network.
- e.  Private line services (Channel Services)
  - DS-0, 64 kb/s
  - DS-1, 1.54 Mb/s
  - DS-2, 6.31 Mb/s
  - DS-3, 44.76 Mb/s

**THIS PAGE MUST BE COMPLETED AND SIGNED**  
**\*\* APPLICANT ACKNOWLEDGEMENT STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .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 \$250.00 must be submitted with the application.
5. **RECEIPT AND UNDERSTANDING OF RULES:** I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to my provision of alternative access vendor service in Florida. I also understand that it is my responsibility to comply with all current and future Commission requirements regarding AAV service.

**UTILITY OFFICIAL:**

Karen Hayes Martinoff  
Print Name

  
Signature

President Hayes Telecommunication Services, Inc. 10/17/02  
Title Hayes E-Government Resources, Inc. Date

(850) 297-0551  
Telephone No.

(850) 297-0644  
Fax No.

Address: 1355 Thomaswood Drive  
Tallahassee, Florida 32308  
\_\_\_\_\_

**THIS PAGE MUST BE COMPLETED AND SIGNED**

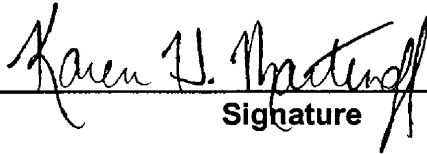
**AFFIDAVIT**

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative access vendor service in the State of Florida. I 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.

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."

**OFFICIAL:**

Karen Hayes Martinoff  
Print Name

  
Signature

President Hayes Telecommunication Services, Inc. 10/17/02  
Title Hayes E-Government Resources, Inc. Date

(850) 297-0551  
Telephone No.

(850) 297-0644  
Fax No.

Address: 1355 Thomaswood Drive  
Tallahassee, Florida 32308

SERVICE AREA NETWORK

1. **CURRENT FLORIDA INTRASTATE SERVICES:** Applicant has ( ) or has not (x) previously provided intrastate telecommunications in Florida. If the answer is has, fully describe the following:

a) What services have been provided and when did these services begin?

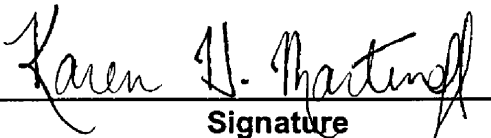
n/a

b) If the services are not currently offered, when were they discontinued?

n/a

UTILITY OFFICIAL:

Karen Hayes Martinoff  
Print Name

  
Signature

President Hayes Telecommunication Services, Inc.      10/17/02  
Title      Hayes E-Government Resources, Inc.      Date

(850) 297-0551  
Telephone No.

(850) 297-0644  
Fax No.

Address: 1355 Thomaswood Drive

Tallahassee, Florida 32308

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) Karen Hayes Martinoff,

(Title) President of

(Name of Company) Hayes Telecommunication Services, Inc.

and current holder of certificate number 4032, have

reviewed this application and join in the petitioner's

request for a ( ) sale, () transfer ( - ) or assignment of the above-mentioned certificate.

UTILITY OFFICIAL:

Karen Hayes Martinoff  
Print Name

Karen H. Martinoff  
Signature

President Hayes Telecommunication Services, Inc. 10/17/02  
Title Date

(850) 297-0551  
Telephone No.

(850) 297-0644  
Fax No.

Address: 1355 Thomaswood Drive

Tallahassee, Florida 32308