

030287-TC

ORIGINAL

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

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT  
CERTIFICATION**

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

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**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. Pages 8, 9 and 10 must be completed and signed.
- ◆ 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:

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**Florida Public Service Commission  
Division of the Commission Clerk and Administrative Services  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770**

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

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**Florida Public Service Commission  
Division of Competitive Markets and Enforcement  
Certification  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600**

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

**QUARTER PAYPHONES, INC.**

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

**QUARTER PAYPHONES, INC.**

3. Official mailing address:

**Street: 4361 TUCKER NORTH DRIVE**

**P.O. Box: 451**

**City: TUCKER**

**State: GA Zip: 30085-0451**

4. Florida address:

**Street: 4720 CLYDE MORRIS BVD.**

**P.O. Box: \_\_\_\_\_**

**City: PORT ORANGE**

**State: FL Zip: 32119**

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: \_\_\_\_\_

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:



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

**Florida Secretary of State  
Corporate Registration Number: E03000000021**

03 MAR 20 AM 10:26  
DISTRIBUTION CENTER

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): **58-2291339**

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:

1. **Name:** \_\_\_\_\_

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

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

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

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

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

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

10. Partnership (continued)

2. 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?

1. The application:

**Name: JOHNNIE G. FLOYD**  
**Title: CEO**  
**Address: 4361 TUCKER NORTH DR. P O BOX 451**  
**City/State/Zip: TUCKER, GA 30085-0451**  
**Telephone No.: 770 493-6106 Fax No.: 770 908-2603**  
**Internet E-Mail Address: FLOYDJG@AOL.COM**  
**Internet Website Address: PAYPHONEMANAGEMENT.COM**

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

**Name: JOHNNIE G. FLOYD**  
**Title: CEO**  
**Address: P O BOX 451**  
**City/State/Zip: TUCKER, GA 30085**  
**Telephone No.: 770 493-6106 Fax No.: 770 908-2603**  
**Internet E-Mail Address: FLOYDJG@AOL.COM**  
**Internet Website Address: N/A NOW-UNDER CONSTRUCTION**

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: NONE**

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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**

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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**

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15. List other states in which the applicant:

1. Is currently providing pay telephone service.

**GEORGIA SINCE 1994 & SOUTH CAROLINA SINCE 2002**

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

**NONE**

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

**NO**

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

**NO**

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16. Please check (✓) the services that will be provided:

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) \_\_\_\_\_

**THESE SERVICES WILL ONLY BE PROVIDED TO USERS OF THE COIN OPERATED PAYPHONE OR THROUGH THE OPERATOR PROVIDER CARRIERS SUBSCRIBED TO THE PAYPHONE.**

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17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: **LESS THAN ONE HUNDRED**

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) \_\_\_\_\_
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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: \_\_\_\_\_
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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: \_\_\_\_\_
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**\*\*APPLICANT FEE 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. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

**UTILITY OFFICIAL:**

**JOHNNIE G. FLOYD**  
Print Name

  
Signature

**CEO**  
Title

**MARCH 18, 2003**  
Date

**770 493-6106**  
Telephone No.

**770 908-2603**  
Fax No.

**Address: 4361 TUCKER NORTH DRIVE**

**P O BOX 451**

**TUCKER, GEORGIA 30085-0451**

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**\*\*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:**

**JOHNNIE G. FLOYD**  
Print Name

  
Signature

**CEO**  
Title

**MARCH 18, 2003**  
Date

**770 493-6106**  
Telephone No.

**770 908-2603**  
Fax No.

Address: 4361 TUCKER NORTH DRIVE  
P O BOX 451  
TUCKER, GEORGIA 30085-0451

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**\*\*APPLICANT ACKNOWLEDGMENT\*\***

Applicant: QUARTER PAYPHONES, INC.

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

JOHNNIE G. FLOYD  
Print Name

  
Signature

CEO  
Title

MARCH 18, 2003  
Date

770 493-6106  
Telephone No.

770 908-2603  
Fax No.

Address: 4361 TUCKER NORTH DRIVE  
P O BOX 451  
TUCKER, GA 30085-0451

**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  
Glenda E. Hood  
Secretary of State

March 12, 2003

JOHNNIE G. FLOYD  
P.O. BOX 451  
TUCKER, GA 30085-0451

Re: Document Number E03000000021

The Name Registration for QUARTER PAYPHONES, INC. was filed on March 11, 2003 and assigned document number E03000000021. Please refer to this number whenever corresponding with this office.

Please be aware that the Registration of a Foreign Corporate Name must be renewed for the following calendar year by submitting a Renewal of Foreign Corporate Name Registration to this office between October 1st and December 31st of the preceding year. The filed renewal application renews the registration for the following year.

Should you have any questions regarding this matter, please telephone (850) 245-6051.

Michelle Hodges  
Document Specialist  
Division of Corporations

Letter Number: 103A00015571