

030287-JC

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

QUARTER PAYPHONES, INC.

CK 1204

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

QUARTER PAYPHONES, INC.

\$100.00

MC

3. Official mailing address:

Street: 4361 TUCKER NORTH DRIVE

P.O. Box: 451

City: TUCKER

State: GA

Zip: 30085-0451

DEPOSIT

DATE

D324

MAR 21 2003

4. Florida address:

Street: 4720 CLYDE MORRIS BVD.

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

City: PORT ORANGE

State: FL

Zip: 32119

5. Structure of organization:

( ) Individual

(X) 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

*[Handwritten initials]*

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC 6
- OTH \_\_\_\_\_

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  
 DOCUMENT NUMBER-DATE  
 02747 MAR 21 03  
 FPSC-COMMISSION CLERK