

ORIGINAL

041149-TX

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APPLICATION

SEP 29 AM 9:25

1. This is an application for (check one):

COMMISSION CLERK

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 of authority.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Southern Telecommunications Services INC

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

AmWay Communication

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

22091 Peachland Blvd.
Box Charlotte FL 33954

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

Initials of person who forwarded check:

LB

DISTRIBUTION CENTER

2004 SEP 29 AM 3:29

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

22091 Peachland Blvd.
Port Charlotte FL 33954

6. Structure of organization:

- () Individual
() Foreign Corporation
() General Partnership
() Other _____
- () Corporation
() Foreign Partnership
() Limited Partnership

7. If individual, provide:

Name: Gortrand Delmas

Title: Owner

Address: 22091 Peachland Blvd

City/State/Zip: Port Charlotte Fla 33954

Telephone No.: 941-625-6517 Fax No.: _____

Internet E-Mail Address: Delta.money@ComCast.net

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:

14-1840572

15. 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. Provide explanation.

N/A

N/A

(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

N/A

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

(a) The application:

Name: Gertraud Delmas

Title: Owner

Address: 22091 Peachland Blvd.

City/State/Zip: Port Charlotte FLA 33954

Telephone No.: 941 625-6517 Fax No.: N/A @ this time

Internet E-Mail Address: deltamoney@Comcast.net

Internet Website Address: _____

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

Name: Gontrand Delmas
Title: Owner
Address: 22091 Peachland Blvd.
City/State/Zip: Port Charlotte FL 33954
Telephone No.: 941-625-6517 Fax No.: _____
Internet E-Mail Address: deltamoney@comcast.net
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

Name: Gontrand Delmas
Title: Owner
Address: 22091 Peachland Blvd.
City/State/Zip: Port Charlotte FL 33954
Telephone No.: 941-625-6517 Fax No.: _____
Internet E-Mail Address: deltamoney@ComCast.net
Internet Website Address: _____

17. **List the states in which the applicant:**

(a) has operated as an alternative local exchange company.

Florida

(b) has applications pending to be certificated as an alternative local exchange company.

No.

(c) is certificated to operate as an alternative local exchange company.

THIS PAGE MUST BE COMPLETED AND SIGNED

APPLICANT ACKNOWLEDGMENT 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 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 \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

GONTRAND DELMAS
Print Name

Gontrand Delmas
Signature

owner
Title

September 22, 2004
Date

941-625-6517
Telephone No.

N/A @ this time
Fax No.

Address: 22091 Peachland Blvd
Port Charlotte FL, 33954

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 local exchange company 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."

UTILITY OFFICIAL:

Gostrand WELMAS
Print Name

Gostrand Delmar
Signature

owner
Title

September 22, 2004
Date

941-625-6517
Telephone No.

N/A @ this time
Fax No.

Address: 22091 Peachland Blvd.
Port Charlotte FL 33954

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) Gontrand Delmas
(Title) Owner Southern Telecommunications, INC of (Name of Company)

and current holder of Florida Public Service Commission Certificate Number # 14-1840572
, have reviewed this application and join in the petitioner's request for a:

- () sale
- () transfer
- () assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

GONTRAND DELMAS
Print Name

Owner
Title

941-625-6517
Telephone No.

Gontrand Delmas
Signature

September 22, 2004
Date

Fax No.

Address: 22091 Peachland Blvd.
Port Charlotte FL 33954

