

5 2 6 JAN 2 8 2003

050065-TC

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

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

CK# 2253

Ch# 100.00

3. Official mailing address:

1-27-03

RT

Street: PO 2350 Sopchappy Hwy

P.O. Box: 249

City: Sopchappy

State: FL Zip: 32358

COMMISSION CLERK

05 JAN 28 AM 9:44

RECEIVED-FPSC

4. Florida address:

Street: SAME AS ABOVE

P.O. Box: _____

City: _____

State: _____ Zip: _____

5. Structure of organization:

() Individual

(X) Corporation

() General Partnership

() Limited Partnership

() Other: _____

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC | _____
- OTH _____

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

Florida Secretary of State
Corporate Registration Number: PO4000028694

DOCUMENT NUMBER - DATE
01013 JAN 28 03