

050477-JC

****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**

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:

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

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

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

1. Name of company or name of individual (not fictitious name or d/b/a):
__Bealls Communications Group, LLC__

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

3. Official mailing address:

Street: **__2605 Thomas Drive Suite 245__**

P.O. Box: **__9082__**

City: **__Panama City Beach__**

State: **__Florida__** Zip: **__32408__**

4. Florida address:

Street: **__2605 Thomas Drive Suite 245__**

P.O. Box: **__9082__**

City: **__Panama City Beach__**

State: **__Florida__** Zip: **__32408__**

5. Structure of organization:

() Individual

() Corporation

() General Partnership

() Limited Partnership

(X) Other: **LLC**

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

Florida Secretary of State
Corporate Registration Number: _____

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): 58-2638803_____

9. If individual, provide:

Name: John D. Pezold_____

Title: CEO_____

Address: 2605 Thomas Drive Suite 245_____

City/State/Zip: Panama City Beach, FL 32408_____

Telephone No.: 850-234-0790 **Fax No.:** 850-230-5856_____

Internet E-Mail Address: Vicky@bealls.net_____

Internet Website Address: Bealls.net_____

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

a. **Name:** _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ **Fax No.:** _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. 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?

a. The application:

Name: **__ Vicky Moody** _____
Title: **__ General Manager** _____
Address: **__ 2605 Thomas Drive Suite 245** _____
City/State/Zip: **__ Panama City Beach, Fl 32408** _____
Telephone No.: **__ 866-392-2112** Fax No.: **__ 866-334-5856** _____
Internet E-Mail Address: **__ Vicky@bealls.net** _____
Internet Website Address: **__ bealls.net** _____

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

Name: **__ Vicky Moody** _____
Title: **__ General Manager** _____
Address: **__ 2605 Thomas Drive Suite 245** _____
City/State/Zip: **__ Panama City Beach, Fl 32408** _____
Telephone No.: **__ 866-392-2112** Fax No.: **__ 866-334-5856** _____
Internet E-Mail Address: **__ Vicky@bealls.net** _____
Internet Website Address: **__ bealls.net** _____

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: N/A

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

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

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

Georgia, Alabama and Mississippi

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

No

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

No

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

No

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

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) Provide Inmate telephone systems to correctional facilities

17. Proposed number of pay telephone instruments the applicant plans to

install/operate in the first year: _will depend on the awarding of any contracts._____

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) _____
- _____
- _____
- _____

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: _____
- _____
- _____
- _____

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: _____
- _____
- _____
- _____

**** 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:

Vicky Moody
Print Name


Signature

General Manager
Title

7-6-05
Date

866-393-2112
Telephone No.

866-334-5856
Fax No.

Address: 2605 Thomas Drive

Suite 245

Panama City Beach, FL 32408


****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:

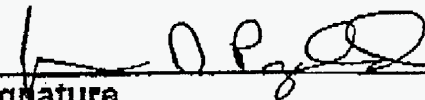
<p>___ Vicky Moody _____ Print Name</p> <p>___ General Manager _____ Title</p> <p>___ 866-392-2112 _____ Telephone No.</p> <p>Address: ___ 2605 Thomas Drive _____ ___ Suite 245 _____ ___ Panama City Beach, FL 32408 _____ _____</p>	<p>___  _____ Signature</p> <p>___ 7-6-05 _____ Date</p> <p>___ 866-334-5856 _____ Fax No.</p>
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****APPLICANT ACKNOWLEDGMENT****

Applicant: Bealls Commuication Group, LLC.

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

John D. Pezold
Print Name


Signature

CEO
Title

7/1/05
Date

866-392-2112
Telephone No.

866-334-5856
Fax No.

Address: 2605 Thomas Drive
Suite 245
Panama City Beach, FL 32408

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.

Form PSC/CMI-32 (02/99)
Required by Commission Rule No. 25-24.510 & 25-24.511
File Name: cmn-32.doc

ARTICLES OF ORGANIZATION OF
PEZOLD ACQUISITIONS, LLC
A GEORGIA LIMITED LIABILITY COMPANY

ARTICLE I

NAME

The name of the limited liability company is PEZOLD ACQUISITIONS, LLC (hereinafter referred to as the "Company").

ARTICLE II

MANAGEMENT

The management of the Company shall be vested in its Members.

IN WITNESS WHEREOF, the undersigned have hereunto executed these Articles of Organization, this
23rd day of January, 2001.

J. Edward Sprouse, Organizer

Page, Scrantom, Sprouse,
Tucker & Ford, P.C.
P. O. Box 1199
Columbus, Georgia 31902-1199

PEZOLD ACQUISITIONS, LLC
A GEORGIA LIMITED LIABILITY COMPANY
INITIAL ADMISSION OF MEMBERS

J. Edward Sprouse, organizer of PEZOLD ACQUISITIONS, LLC, a Georgia limited liability company ("Company"), pursuant to O.C.G.A. § 14-11-505, hereby admits the following parties as the members of the Company, effective upon the formation of the Company:

John D. Pezold


IN WITNESS WHEREOF, the undersigned have duly executed this instrument, effective as of the 23rd day of January, 2001.

ORGANIZER:

_____(L.S.)
J. Edward Sprouse

CONSENT TO ADMISSION

The undersigned each hereby consents to his admission as a member of the Company as set forth above.

 (L.S.)
John D. Pezold

MEMBERS OF
PEZOLD ACQUISITIONS, LLC

CONSENT IN LIEU OF ORGANIZATIONAL
MEETING OF MEMBERS

Pursuant to §14-11-309 of the Official Code of Georgia, the undersigned, being all of the Members of PEZOLD ACQUISITIONS, LLC, a Georgia limited liability company (the "Company"), do hereby adopt, approve and authorize the actions herein set forth with the same force and effect as if they were adopted, approved and authorized at a formal organizational meeting of the Members of the Company duly called and held in accordance with the provisions of the Georgia Limited Liability Company Act.

1. The Articles of Organization of the Company granted by the Secretary of State of the State of Georgia are hereby adopted and approved. A copy of said Articles of Organization, together with the Certificate of the Secretary of State shall be attached hereto as Exhibit "A".

2.

3. The Operating Agreement, a copy of which is attached hereto as Exhibit "B", is hereby adopted and approved as the Operating Agreement of the Company, and the Members hereby agree to execute and deliver the same.

4.

5. 3. The Initial Capital has been contributed to the Company in the amount of \$ _____ and the following individuals have the Membership Interests and ownership as set forth below:

<u>Name</u>	<u>Contribution</u>	<u>Percent Ownership</u>
John D. Pezold	800.00	80%
Dan Strickland Enterprises, Inc.	200.00	20%

4. The fiscal year of the Company is selected as the twelve month period ending on the last day of December of each year.

5. The capital having been tendered, the Members of the Company are authorized to commence business upon the date hereof.


6. The Members of the Company are authorized, empowered, and directed to execute and deliver such documents, instruments, certificates and notices and to do and perform any and all such further things, which such Members, in their sole and unlimited discretion, shall deem necessary or proper for the purpose of effectuating and carrying out the intent of the foregoing actions, and the Members hereby ratify and confirm any such actions.

7. The following individuals are elected to the offices set forth beside their respective names to serve until the first annual meeting of Members (or special meeting in lieu thereof) and their successors are chosen and shall have qualified and said officers shall be authorized to sign on behalf of the Company such documents as may be authorized by the Members as provided herein:

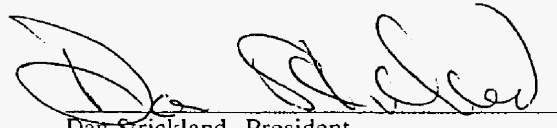
<u>Name</u>	<u>Title of Office</u>
John D. Pezold	Chief Executive Officer
Dan Strickland	President
Tracy Sayers	Executive Vice President

8. All acts and things heretofore done for and on behalf of the Company by its organizer, J. Edward Sprouse, and the law firm of Page, Scrantom, Sprouse, Tucker & Ford, P.C. be, and the same hereby are, ratified and affirmed in each and every respect.

IN WITNESS WHEREOF, the undersigned Member has executed this Consent as of the 20 day of March, 2001.

 (L.S.)
John D. Pezold

DAN STRICKLAND ENTERPRISES, INC.

 (L.S.)
Dan Strickland, President