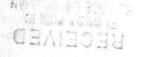
## ORIGINAL PAY TELEPHONE APPLICATION 239

. AUG 13'91

1.	(A) THE LEGAL NAME OF THE APPLICANT AND, (B) THE NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS.				
	John H. Duncan				
	(LEGAL NAME OF APPLICANT)				
	John H. Duncan Pay Phones				
	(NAME TO BE SHOWN ON CERTIFICATE)				
2.	ADDRESS OF THE APPLICANT(S). (STREET NAME AND NUMBER, POST OFFICE BOX, CITY, STATE, AND ZIP CODE). IF MAILING ADDRESS DIFFERS FROM ABOVE, PROVIDE THAT ALSO.				
	APPLICANT(S) ADDRESS MAILING ADDRESS				
	1301 Indian Woods Dr. Same				
	Neptune Beach				
	Florida 32266				
<b>3.</b>	APPLICANT IS (CHECK ONE) [ ] (A)PARTNERSHIP [ ] (B) CORPORATION OR [X] (C) INDIVIDUAL DOING BUSINESS				
	[ ] (D)DOING BUSINESS UNDER A FICTITIOUS NAME				
4.	PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUTES 865.09 (1083), IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE).				
5.	IF APPLICANT IS A CORPORATION (1) PROOF OF INCORPORATION: (2) IF INCORPORATED OUTSIDE OF FLORIDA, PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA, AND (3) NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.				
	Applicant is not a Corporation				
6.	IF APPLICANT IS A PARTNERSHIP, LIST ALL PARTNERS. IF APPLICANT IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS. PLEASE SUPPLY TITLE, NAME, AND ADDRESS.				
	Applicant is not a partnership or a Corporation.				

Form PSC/CMU 32 (1/87, amended 8/1/89) Page 2 of 3 Required by Commission Rule No. 25-24.511



DOCUMENT NUMBER-DATE

08128 AUG 12 1991

PSC-RECORDS/REPORTING

7.	HAS APPLICANT OR ANY BUSINESS AFFILIATE OF THE APPLICANT (1.e. PAR DIRECTOR, ETC.) EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIF STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHON	ICATE IN THE
	NO AND	
8.	IF THE ANSHER TO 7 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE CERTIFICATE NUMBER.	HOLDER AND
	N/A - Owner / Applicant has never been granted or de	nied a Pay
	Telephone certificate in the State of Florida.	
9.	TELEPHONE NUMBER, NAME, AND TITLE OF THE INDIVIDUAL MHO IS RESPONS COMMISSION CONTACTS:  NAME: John H. Duncan TITLE: Owner P	
10.	FCC PART 68 REGISTRATION NUMBER(S) FOR ALL INSTRUMENTS:	
	MANUFACTURED BY:	
11.	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS T	O PLACE IN THE
12.	AN EXPLANATION OF NOW THE INSTRUMENTS INSURE AVAILABILITY TO ALL L DISTANCE COMPANIES IN THE AREA:	ONG
	By use of all credit cards	
13.	(COMPLETE, SIGN.)	
	I. John H. Duncan . Owner	. ATTEST TO THE
	(NAME)  ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND HILL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEP SERVICE. I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSEMINATION SECOND PER CALENDAR YEAR) AND GROSS RECEIPTS TAX. FURTHER KEEP THE COMMISSION ADVISED OF ANY CHANGES IN ITEMS 1 - 2 ABOVE.	COMPLY WITH ALL HONE SSMENT FEE
	(SIGNATURE OF OHNER/CHIEF OFFICER OF APPLICANT)	_
	DATE: 8-8-9/	_
Form Requi	PSC/CMU 32 (1/87, amended 8/1/89) Page 3 of 3 State of Flourised by Commission Rule No. 25-24.511	al others
SH/em 0257C	PSC/CMU 32 (1/87, amended 8/1/89) Page 3 of 3 State of Flourised by Commission Rule No. 25-24.511  County of Our Segred to County of Cou	ly Hamilton
	Motory My Coroni	Public, State of Florida ion 5 pines Hov. 4, 1994

## APPLICANT ACKNOWLE MENT CARD

Applicant	John H. Duncan
Florida P	adge receipt and understanding of the ublic Service Commission's Rules and ats relating to my provision of Pay Service.
Signature	John H. Duncan
	8-8-91

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

Pear			DATE	8/12/91	
		RE: Doc	ket No	910849-TC	
his will acknowledge receip	t of APPLIC	CATION P	OR CERTI	PICATE TO PRO	VID
PAY TELEPHONE					
which has been filed as of the	s date. Appro		members wil	I be advised.	
	BLE, Clerk				
STEVE TRIB	ADDITIONS OF THE PERSONS				