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## ORIGINAL PAY TELEPHONE APPLICATION

1. (A) THE LEGAL NAME OF THE APPLICANT AND. (B) THE NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS.

Bruce Jernigan (LEGAL NAME OF APPLICANT)

Bruce Jernigan (NAME TO BE SHOWN ON CERTIFICATE)

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

13347 Collen Road

-	
Same	

Jacksonville, Florida 32218

APPLICANT IS (CHECK ONE) 3. [] (A) PARTNERSHIP [] (B) CORPORATION OR [∞] (C) INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.

[ ] (D)DOING BUSINESS UNDER A FICTITIOUS NAME

- PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA 4. STATUTES 865.09 (1083), IF APPLICABLE. (ATTACH & 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.

Not Applicable.

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.

Owner, Bruce Jernigan, 13347 Collen Road, Jacksonville FL 32218.

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

DOCUMENT & THE TRADUCT

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PSC-RECORDS/REPORTING

7. HAS APPLICANT OR ANY BUSINESS AFFILIATE OF THE APPLICANT (1.e. PARTNER, OFFICER, DIRECTOR, ETC.) EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

No.

8. IF THE ANSWER TO 7 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

Not Applicable.

- 9. TELEPHONE NUMBER, NAME, AND TITLE OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS: NAME: Bruce Jernigan TITLE: Owner PHONE: (904) 751-4097
- 10. FCC PART 68 REGISTRATION NUMBER(S) FOR ALL INSTRUMENTS:
  - AS593M-72155-CX-E MANUFACTURED BY: AT&T
- 11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 6
- 12. AN EXPLANATION OF HOW THE INSTRUMENTS INSURE AVAILABILITY TO ALL LONG DISTANCE COMPARIES IN THE AREA:

Yes, I will give access to all long distance companies in the area.

13. (COMPLETE, SIGN.)

I. Bruce Jernigan (NAME) ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$25.00 PER CALENDAR YEAR) AND GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN ITEMS 1 - 2 ABOVE.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT) DATE: 8-12-91

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

SH/emd 0257C(51-52)



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## APPLICANT ACKNOWLEDG

Applicant Bruce Jernigan

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

Signatu	re XXX Bru	a fenjor	
Title _	Owner		
Date	8-12-91		

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.

DEPOSIT TREAS. REC. DATE

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Bruce Jernigan

(LEGAL NAME OF APPLICANT)

Bruce Jernigan (NAME TO BE SHOWN ON CERTIFICATE)

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APPLICANT(S) ADDRESS

MAILING ADDRESS

Same

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Jacksonville, Florida 32218

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Bruce Jernigan 07-90 Ph 751-4097 13347 Collen Rd. Inderstation El 32218	8-12 1951	1.44 63-2/630 BRANCH 259	32218.
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POR	Bunging -	:53	= 2 8 0 AV 15 11. C-RECCRDS/REPORTING

Dear Mr. Bruce Jernigen:	DATE	8/15/91
	RE: Docket No	910865-TC
This will acknowledge receipt of appl pay telephone services to B		lficate to prov