Jun	12	'95	13:24	P. 0

FLORIDA PAY TELEPHONE CERTIFIC	CATE APPLICATION OSIT TREAS REC. DA
	D265 fe3 û
LEGAL NAME OF THE APPLICANT	0101107
Donald L. Scho	11 Jr. 960192-1
NAME UNDER WHICH THE APPLICANT WILL DO B	
Goal I kivestmen	ts Inc.
ADDRESS OF THE APPLICANT(S)	11
STREET 2690 Coral Lo	indings Blud. # 531
CITY Palm Har	bor
STATE & ZIP Florida	34684
TYPE OF ORGANIZATION (CHECK ONE)	
A. INDIVIDUAL DOING BUSINESS UNDER HE OWN NAME.	IS/HER: []
DOCUMENTATION: No other documentation	needed.
B. PARTNERSHIP:	[]
DOCUMENTATION: Attach a copy of the part the name and address of all partners.	nership agreement, and a list with
C. CORPORATION:	M
DOCUMENTATION: Attach proof that arts filed with the Florida Secretary of Soutside of Florida, attach proof from the applicant has authority to operate in Florida Registered Agent.	tate's Office. It incorporated the Florida Secretary of State that
NAME	
ADDRESS	
D. DOING BUSINESS UNDER A FICTITIOUS	NAHE: []
DOCUMENTATION: Attach proof that fictit the Florida Secretary of States Office.	ious name has been registered with

FCRM PSC/CMU 32 (R3-93) PAGE 2 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24.511 DOCUMENT NO PRO SE DATE 01447 FEB-78

Jun 12

9.	PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE
10.	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:
11.	HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?
	PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER, DESCRIBE
12.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.
	Yes
13.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)
	is yes

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	*			

FLORIDA	PAY	TELEPHONE	CERTIFICATE	APPLICATION	titi ver aba	11/1
				0001 470000		117 11 /

1. LEGAL NAME OF THE APPLICANT

DOLLO ICI L. Scholl Ji. 960142-TC

COOL TWO ESTINGS - S I LC

3. ADDRESS OF THE APPLICANT(S)

STREET 269

2690 Coullandings Blief. 1 531

CITY

STATE & ZIP

Florida 34684

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:

11

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

[]

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

M

<u>DOCUMENTATION</u>: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

2111 1950 1950

GOAL INVESTMENTS, INC.

PHONE 813-733-9223 1627 DALE CIRCLE S DUNEDIN FL 34698

1/30 1996

Experida Public Service Commission

DOLLARS

SAVINGS OF AMERICA

Decedio Effice 457
1462 Mr. St. Downton, Pl. 346006

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