FEB 27 '97

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: [OWN NAME. DOCUMENTATION: No other documentation needed. B. PARTNERSHIP: [DOCUMENTATION: Attach a copy of the partnership agree with the name and address of all partners.	10256-TC
STREET CITY Spring Hill STATE & ZIP Florida 34606 TYPE OF ORGANIZATION (CHECK ONE) A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: [OWN NAME.] DOCUMENTATION: No other documentation needed. B. PARTNERSHIP: [DOCUMENTATION: Attach a copy of the partnership agreewith the name and address of all partners. C. CORPORATION: [DOCUMENTATION: Attach proof that articles of incorporation with the Florida Secretary of State's Office. Outside of Florida, attach proof from the Florida Secretary of Florida Registered Agent. NAME ADDRESS	
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D. DOING BUSINESS UNDER A FICTITIOUS NAME: [1

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

NAM	:	Tammy	Suzett	U HOLL					
TITI	E:	Owner		1-03	24 176				
PHON	NE:	(352)	683-82	88		1000			
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	D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
	N/A No
	PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OF INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OF FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MARKESULT FROM PENDING PROCEEDINGS.
	None
0.	PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE
1.	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 15-20 PAY PLANS TO PLACE 15-20
2.	HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?
	PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT

Yes
WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATION STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSION AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 24.515(14), F.A.C.)

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

(SIGNATURE OF OWNER CHIEF OFFICER OF APPLICANT)

DATE: February 24, 1997

APPLICANT ACKNOWLEDGEMENT CARD

Applicant	Tammy	Suzet	te	Morris			
I acknowl Service Co of Pay Tel	mmission's	Rules	d an	understanding d Requirements	of the relating	Fiorida to my pr	Public ovision
			v	Legette m	porris		
	Owner	U					
Date	Februar	y 24.	19	97	4 112	- 65 P.	

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.

FEB 27 '97

3. ADDRESS OF THE APPLICANT(S) IVE AND CANCELLED PAY THE PHONE CERTIFICATE STREET: 1299 Delbona Blvd. CITYTHE ANSWER TO Spring Hill ve vee the APPLAIN AND (15) I TRITIFICATE HOLDER AND CENTIFICATE NUMBER. STATE & ZIP Florida 34606 A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: [X] OMN NAME. DOCUMENTATION: INdividual PAY TELEPHONE SIPVER [] DOCUMENTATION: Attach a copy of the partnership agreement, and a limit the name and address of all partners. HAS APPLICATIONS PHODING TO BE CERTIFICATED AS A PAY ILLERION C. CORPORATION: DOCUMENTATION: Attach proof that articles of incorporation have be filled with the Florida Secretary of State's Office. If incorporate outside of Florida, attach proof from the Florida Secretary of State the applicant has authority to operate in Florida and provide name and address Experiment and address of Florida Registered Agent. PRO DOCUMENTATION: Attach proof prom the Florida Secretary of State the applicant has authority to operate in Florida and provide name and address Experiment and Experiment Acceptance of Florida Registered Agent. DOCUMENTATION: Attach proof the partnership agreement, and a limit the Florida secretary of State's Office. If incorporate applicant has authority to operate in Florida and provide name and address Experiment and Experiment Courtnership agreement and Address Experiment Courtnership agreement and Courtnership agreement an		
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