

970590-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT

DATE

D525

MAY 15 1997

1. LEGAL NAME OF THE APPLICANT

DAYTONA BEACH (FL) ASSEMBLY HALL OF JEHOVAH'S WITNESSES, INC.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

DAYTONA BEACH (FL) ASSEMBLY HALL OF JEHOVAH'S WITNESSES, INC.

3. ADDRESS OF THE APPLICANT(S)

MAILING ADDRESS:

STREET 299 TOMOKA FARMS RD. P.O. BOX 9357

CITY DAYTONA BEACH DAYTONA BEACH

STATE & ZIP FLORIDA 32119 FLORIDA 32120-9357

4. 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 agreement, and a list with the name and address of all partners.

C. CORPORATION: [x]

DOCUMENTATION: 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.

NAME SEE ATTACHED.

ADDRESS \_\_\_\_\_

D. DOING BUSINESS UNDER A FICTITIOUS NAME: [ ]

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

DOCUMENT NUMBER-DATE

04850 MAY 15 97

FPSC-RECORDS/REPORTING

97 MAY 15 1997  
MAILED  
8 52

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

TELETYPE UNIT

NAME: DON CHRISTENSEN

TITLE: SENIOR ACCOUNTS REPRESENTATIVE

PHONE: 1-800-891-6554

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

NO

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

NONE

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

NONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

YES - 1-800 & 950-XXXX

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14. 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.)

YES

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D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[ X ]
LONG DISTANCE	[ X ]
COIN	[ X ]
CALLING CARD	[ X ]
CREDIT CARD	[ X ]
OTHER, DESCRIBE COLLECT	[ X ]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 10.

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY	[ ]
FULL-TIME TECHNICIAN	[ ]
PART-TIME TECHNICIAN	[ X ]
SERVICE/REPAIR/MAINTENANCE CONTRACT	[ ]
OTHER, DESCRIBE	[ ]

  
\_\_\_\_\_  
\_\_\_\_\_

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.

*W. J. Santos, Secretary/Treasurer*  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: May 10, 1997

APPLICANT ACKNOWLEDGEMENT CARD

Applicant DAYTONA BEACH (FL) ASSEMBLY HALL OF JEHOVAH'S  
WITNESSES, INC

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

Signature

Title

Date

*[Handwritten Signature]*  
Secretary/Treasurer  
May 15, 1997

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.



# State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of DAYTONA BEACH (FL) ASSEMBLY HALL OF JEHOVAH'S WITNESSES, INC., a Florida corporation, filed on June 13, 1994, as shown by the records of this office.

The document number of this corporation is N94000002986.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Sixteenth day of June, 1994



CR2EO22 (2-91)

*Jim Smith*

Jim Smith  
Secretary of State