

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION  
DEPOSIT

DATE

1. LEGAL NAME OF THE APPLICANT

BERNARD G SAWYER JR.

D594

AUG 18 1997

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

FINANCIAL Blueprints

3. ADDRESS OF THE APPLICANT(S) Physical

STREET

208 S LAKE AVE

CITY

LAKELAND

STATE & ZIP

FL. 33801

991091-TC  
MAILING

P.O. Box 93130  
LAKELAND, FL.

33804-3130

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:  
OWN NAME.

[ ]

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

[4]

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

C. CORPORATION:

[ ]

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

ADDRESS

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

[4]

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

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

NAME: BERNARD G. SAWYER, JR.  
TITLE: OWNER - FINANCIAL Blueprints  
PHONE: (941) 688-1617

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.

NO

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.

NO



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

July 1, 1997

**FINANCIAL BLUEPRINTS**  
P.O. BOX 93130  
LAKELAND, FL 33804-3130

**Subject: FINANCIAL BLUEPRINTS**

**REGISTRATION NUMBER: G97181000018**

This will acknowledge the filing of the above fictitious name registration which was registered on June 30, 1997. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (904) 487-6058.

Fictitious Name Section  
Division of Corporations

Letter No. 097A00034540



FLORIDA DEPARTMENT OF REVENUE  
FLORIDA PARTNERSHIP INFORMATION RETURN

FOR THE TAXABLE YEAR  
Beginning \_\_\_\_\_, 19\_\_\_\_, and ending, \_\_\_\_\_, 19\_\_\_\_.

A. Federal Employer Identification No. <i>59-3431879</i>	Name of Partnership <i>FINANCIAL BLUEPRINTS</i>		
B. Business Activity <i>SALES</i>	Number and Street <i>328 S INDIANA AVENUE</i>		
City <i>LAKELAND</i>	State <i>FLORIDA</i>	Zip Code <i>33801</i>	

A COPY OF FEDERAL FORM 1065 MUST BE ATTACHED TO THIS RETURN

PART I. FLORIDA ADJUSTMENT TO PARTNERSHIP INCOME.

1. Additions to federal income:
  - a. Federally exempt interest.  
Total interest excluded from federal taxable income \$ \_\_\_\_\_  
less associated expenses not deductible in computing federal taxable income \$ \_\_\_\_\_ Net Interest \$ \_\_\_\_\_
  - b. State income taxes deducted in computing federal taxable income. \_\_\_\_\_
  - c. Installment sales adjustment (see instructions). \_\_\_\_\_
  - d. Other additions. \_\_\_\_\_

Total \$ \_\_\_\_\_
  
2. Subtractions to federal income:
  - a. Installment sales adjustment (see instructions). \_\_\_\_\_
  - b. Other subtractions. \_\_\_\_\_

Total \_\_\_\_\_
  
3. Net adjustment from other partnerships or ventures \_\_\_\_\_
  
4. Partnership Income Adjustment:
  - a. Increase (excess of Line 1 over Line 2) \_\_\_\_\_
  - b. Decrease (excess of Line 2 over Line 1) \_\_\_\_\_

PART II DISTRIBUTION OF PARTNERSHIP INCOME ADJUSTMENT

Partner's Name and Address (Include Federal Employer Identification No.) <small>Note: If there is no adjustment on Line 4, show the partner's percentage of profits in Column (d) and leave Columns (a) and (c) blank.</small>	(a) Amount shown on Line 4 Part I above	(b) Partner's percentage of profits	(c) Column (a) times Column (b) = partner's share of Line 4. Enter here and on F-1120 Schedule I, Line 18 (if decrease, Schedule B, Line 8)
A. <i>BERNARD G SAUER</i>	1	50%	1
B. <i>PATSY B PEASTER</i>		50%	
C.			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which he has any knowledge.

*[Signature]*  
Signature of Partner or Member

*[Signature]*  
Signature of Preparer Other Than Partner or Member

**IVAH GERTMAN**  
CERTIFIED PUBLIC ACCOUNTANT

*8-12-97*  
Date

*4/8/97*  
Date

MAIL TO: FLORIDA DEPARTMENT OF REVENUE, 835 ORANGE VALLEY LANE, TALLAHASSEE, FL 32399-0135

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

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

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  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE

Debit CARD

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 20

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

PERSONALLY  
FULL-TIME TECHNICIAN  
PART-TIME TECHNICIAN  
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.

  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE:

8-12-97

APPLICANT ACKNOWLEDGEMENT CARD

Applicant BERNARD G. SAWYER JR

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

OWNER

AUGUST 12, 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.



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AUG 18 1997

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

FINANCIAL BLUEPRINTS  
328 S. INDIANA AVE.  
LAKELAND, FL 33801  
PH. 941-688-1617

0957

been registered with

8-12-97

Pay to the Order of Florida Public Service \$ 100.00  
One Hundred ~~XX~~ DOLLARS

MIDFLORIDA SCHOOLS  
FEDERAL CREDIT UNION  
LAKELAND, FLORIDA 33801

Certified by phone Bernard Sawyer