

991422-R

PAY TELEPHONE SERVICE

DEPOSIT

DATE

D 1 96

SEP 20 1999

This Package Contains

- ✓ Form PSC/CMU-32 (02/99) - Application Form for Certificate to Provide Pay Telephone Service Within the State of Florida
- ✓ Form PSC/CMU-26 (Rev. 4/98) - Pay Telephone Service Provider Regulatory Assessment Fee Return (For Information Use Only)
- ✓ Frequently Asked Questions Pay Telephone Service
- ✓ Rules Governing Pay Telephone Service
- ✓ Form PSC/CMU-2 (02/99) - Request to Block Incoming Calls
- ✓ Pay Telephone Service Physically Handicapped Rules ANSI Standards
- ✓ Sales and Use Tax and Gross Receipts Tax on Telecommunications (brochure)
- ✓ Florida Tax Status on Telecommunications (undated table)

S & G COMMUNICATIONS
 Ph 904-788-5203 904-788-7985
 PO Box 238665
 Allendale, FL 32123-8665

DATE 9-16-99 1001
 63-751/631
 BRANCH 00336

PAY TO THE ORDER OF State of Florida \$ 100.00

One hundred dollars and 00/100 DOLLARS

First Union National Bank
 RIT 063107513

FOR Application for certificate R. Scott Newby

1001

2. 11/97)
 MA
 99 SEP
 DOCUMENT NUMBER-DATE
 11305 SEP 21 99
 PPSC RECORDS/REPORTING



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 2, 1999

S & G COMMUNICATIONS
P.O. BOX 238665
ALLANDALE, FL 32123-8665

Subject: **S & G COMMUNICATIONS**

REGISTRATION NUMBER: **G99245900047**

This will acknowledge the filing of the above fictitious name registration which was registered on September 2, 1999. 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 (850) 488-9000.

/gw
Division of Corporations

Letter No. 399A00043883

1. Name of company or name of individual (not fictitious name or d/b/a):

R. Scott Newby

2. Name under which applicant will do business (fictitious name, etc.):

S & G Communications

3. Official mailing address:

Street: _____

P.O. Box: 238665

City: Allendale

State: Florida

Zip: 32123 - 8665

4. Florida address:

Street: 105 Stratford Sq.

P.O. Box: _____

City: Port Orange

State: Florida

Zip: 32127

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: N/A

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name

Registration Number: G 99245900047

8. F.E.I. Number (if applicable): N/A

9. If individual, provide:

Name: R. Scott Newby

Title: owner

Address: 105 Stratford Sq.

City/State/Zip: Port Orange FL 32127

Telephone No.: 904-788-7985 Fax No.: _____

Internet E-Mail Address: NEW005 @ AOL.COM

Internet Website Address: N/A

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____
10. Partnership (continued)
b. Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: R. Scott Newby
Title: Owner
Address: 105 Stratford Sq.
City/State/Zip: Port Orange FL 32127
Telephone No.: 904-788-7985 Fax No.: N/A
Internet E-Mail Address: New005 @ AOL .com
Internet Website Address: N/A

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: R. Scott Newby
Title: Owner
Address: 105 Stratford Sq.
City/State/Zip: Port Orange FL 32127
Telephone No.: 904-788-7985 Fax No.: N/A
Internet E-Mail Address: New005 @ AOL .com
Internet Website Address: N/A

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: no

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

no

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

no

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NONE

b. Has applications pending to be certified as a pay telephone provider.

NO

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NO

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

NO

16. Please check (✓) the services that will be provided:

LOCAL

LONG DISTANCE

COIN

CALLING CARD

CREDIT CARD

OTHER (Describe) Pre-Paid Phone card

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 10

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
 - FULL-TIME TECHNICIAN
 - PART-TIME TECHNICIAN
 - SERVICE/REPAIR/MAINTENANCE CONTRACT
 - OTHER (Describe) _____
- _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
 - No Explain: _____
- _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
 - No Explain: _____
- _____

APPLICANT FEE/TAX STATEMENT

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.
3. **SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

R. Scott Newby
Print Name

R. Scott Newby
Signature

Owner
Title

9-16-99
Date

904-788-7985
Telephone No.

N/A.
Fax No.

Address: Home 105 Stratford Sq.

Port Orange FL - 32127

Business P.O. Box 238665

Allendale FL - 32123-8665

****ACKNOWLEDGMENT****

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

R. Scott Newby
Print Name

R Scott Newby
Signature

OWNER
Title

9-16-99
Date

904-788-7985
Telephone No.

N/A.
Fax No.

Address: Home 105 Stratford Sq.
Part Orange FL- 32127

Business P.O. Box 238665
Allendale FL- 32123-8665

****APPLICANT ACKNOWLEDGMENT****

Applicant: R. Scott Newby

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

R. Scott Newby
Print Name

R. Scott Newby
Signature

Owner
Title

9-16-99
Date

904-788-7985
Telephone No.

N/A.
Fax No.

Address: Home 105 Stratford Sq.

Port Orange FL 32127

Business P.O. BOX 238665

Allendale FL 32123-8665

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.