

010673-TC Lydia Schroetter  
Tel 213-0366  
Fax 213-9201

**PLEASE READ!!!**

DEPT  
DO

DATE  
04/28/01  
FLORIDA PUBLIC SERVICE COMMISSION  
Info on the enclosed Application Form  
Certificate to Provide Pay Telephone Service  
Within the State of Florida

CK 1204  
\$100.00  
MK

Florida  
Public  
Service  
Commission

- ◆ The attached application form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- ◆ The completed application plus two copies and a \$100 non-refundable application fee, along with the enclosed Applicant Acknowledgment Card has to be submitted before the processing will begin.
- ◆ If the answer to question #2 on the application is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- ◆ Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- ◆ When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ If you have any questions about completing the form, contact the Certification Section at (850) 413-6556.
- ◆ Once completed, the original plus two (2) copies of the attached application, along with \$100 application fee, are to be submitted to:

Florida Public Service Commission  
Betty Easley Bldg, c/o Records & Reporting  
2540 Shumard Oak Boulevard  
Capital Circle Office Center  
Tallahassee, FL 32399-0850

Articles  
of Incorporation

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: 4-11-01

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT TFT Foundation, Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS \_\_\_\_\_  
TFT Foundation Inc.

3. ADDRESS OF THE APPLICANT(S)  
STREET ~~1000~~ 917 Kings Road  
CITY Jacksonville  
STATE & ZIP CODE FL 32204

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: \_\_\_\_\_

ADDRESS \_\_\_\_\_

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

D. DOING BUSINESS UNDER A FICTITIOUS NAME: ( )

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

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

NAME: Fred Myers  
TITLE: General Manager  
PHONE: 904/791-3141

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 CANCELED PAY TELEPHONE CERTIFICATES.

No  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

N/A  
\_\_\_\_\_

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

N/A  
\_\_\_\_\_

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

\_\_\_\_\_ N/A \_\_\_\_\_

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

\_\_\_\_\_ N/A \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ N/A \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK  THE SERVICES THAT WILL BE PROVIDED:

- LOCAL
  - LONG DISTANCE
  - COIN
  - CALLING CARD
  - CREDIT CARD
  - OTHER, DESCRIBE  \_\_\_\_\_
- 

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 6

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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
- 
- 
- 

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

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24.515(14), F.A.C.)

yes

**APPLICANT ACKNOWLEDGMENT**

**Applicant** TFT Foundation, Inc.

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

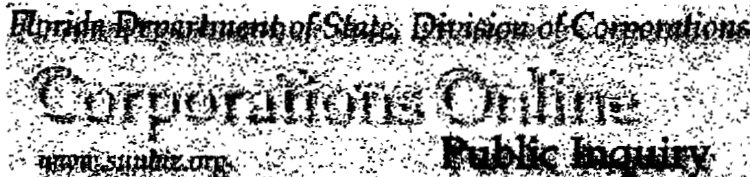
**Signature:** X Freddie Myers

**Title:** General Manager

**Date:** \_\_\_\_\_

**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.**





### Florida Profit

### TFT FOUNDATION, INC.

**PRINCIPAL ADDRESS**  
 917 KINGS ROAD  
 JACKSONVILLE FL 32204  
 Changed 04/10/2001

**MAILING ADDRESS**  
 917 KINGS ROAD  
 JACKSONVILLE FL 32204  
 Changed 04/10/2001

<b>Document Number</b> P97000021609	<b>FEI Number</b> 593595261	<b>Date Filed</b> 03/10/1997
<b>State</b> FL	<b>Status</b> ACTIVE	<b>Effective Date</b> NONE
<b>Last Event</b> REINSTATEMENT	<b>Event Date Filed</b> 04/10/2001	<b>Event Effective Date</b> NONE

### Registered Agent

Name & Address
TOLLIVER, ROY 917 KINGS ROAD JACKSONVILLE FL 32204 Name Changed: 12/17/1998 Address Changed: 04/10/2001

### Officer/Director Detail

Name & Address	Title
TOLLIVER, ROY 917 KINGS ROAD JACKSONVILLE FL 32204	P
ANDERSON, JENNIFER 917 KINGS ROAD JACKSONVILLE FL 32204	V
TOLLIVER, KIER	

917 KINGS ROAD JACKSONVILLE FL 32204	VT
MYERS, FREDDIE 917 KINGS ROAD JACKSONVILLE FL 32204	ST

**Annual Reports**

Report Year	Filed Date	Intangible Tax
1999	10/05/1999	N
2000	04/10/2001	
2001	04/10/2001	

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**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**

**Corporations Inquiry**

**Corporations Help**