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FB 27 '95'

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

IFGAL NAME OF THE APPLICANT 1.

960237-TC

MAJOR COMMUNICATIONS CONSULTING, INC.

NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS 2.

MAJOR COMMUNICATIONS CONSULTING, INC.

ADDRESS OF THE APPLICANT(S) 3.

STREET	1142 VILLAGE FOREST PL.
CITY	WINTER PALK, FL. 32792
STATE & ZIP	FLORIDA 32792

- TYPE OF ORGANIZATION (Check one and attach documentation requested) 4.
 - INDIVIDUAL OING BUSINESS UNDER HIS/HER [] Α. OWN NAME.

DOCUMENTATION: No other documentation needed.

Β. PARTNERSHIP: []

M

[]

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

CORPORATION: C.

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	MAjor	COMMUNICI	ATIONS	CON	suli	Ting,	INC.
	-	VILLAGE					
		PARK, +					

DOING BUSINESS UNDER A FICTITIOUS NAME: D.

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

FORM PSC/CHU 32 (R2-93) Page 2 of 5 Required by Rule 25-24.511 Florida Administrative Code

DODUMON COMPLETE DATE:

U23/9 FEB 27 出

FPSC-RECERCE/REPORTING

NAME :	WALTER L. JONES
TITLE:	PRESIDENT (OWNER)
PHONE :	407-673-3557

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

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

/A

- 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; OR, NO
- D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

NO

FORM PSC/CMU 32 (R2-93) Page 3 of 5 Required by Rule 25-24.511 Florida Administrative Code 9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE	555555		¥	
PREPAID	PHONE CARD	CARDS .	Local,	LONG DISTANCE
AND CALL	ing CARD SER	Wice Will	BE Offe	RED THROugh
PAYPHONES	INSTALLED BY	THE APPL	ICANT	

- 10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 50-100.
- 11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

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

12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

REQUIRED BY THE STATE PSC + FCC. YES AS

FORM PSC/CMU 32 (R2-93) PAGE 4 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24.511

PRESIDENT 1. WALTER L. JONES (TITLE) ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND

ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THE SERVICE IN FLORIDA. HAVE READ ALL THE RULES AND REGULATIONS REGARDING PAY PHONE SERVICE IN FLORIDA. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A <u>NON-REFUNDABLE</u> APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO \$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.

OWNER/CHIEF OFFICER OF APPLICANT) (SIGNATUR

Feb. 5. 1996 DATE:

FORM PSC/CHU 32 (R2-93) PAGE 5 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24.511

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APPLICANT ACKNOWLEDGEMENT CARD

WALTER L. JONES (MAJOL COMM. CONSULTING, INC.) Applicant I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service. 1

Signature	Malter L Jones	
	President	
Date	Feb. 5, 1996	

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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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 15, 1996

SMALLEY & CO PA 7651 APRILWOOD CT ORLANDO, FL 32819

The Articles of Incorporation for MAJOR COMMUNICATIONS CONSULTING, INC. were filed on February 12, 1996 and assigned document number P96000014125. Please refer to this number whenever corresponding with this office regarding the above orporation.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Freida Chesser, Corporate Specialist New Filings Section

Letter Number: 096A00006634

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

	TREAS. HEI'.	DATE	
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FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

MAJOR COMMUNICATIONS CONSULTING, INC.

NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

MAJOR COMMUNICATIONS CONSULTING, INC.

ADDRESS OF THE APPLICANT(S)

1142 VILLAGE FOLEST PL. STREET WINTER PALK FL. 32792 CITY FLORIDA 32792 STATE & ZIP

- TYPE OF ORGANIZATION (Check one and attach documentation requested)
 - A. INDIVIDUAL DO'NG BUSINESS UNDER HIS/HER [] OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

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

C. CORPORATION:

D)

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 MAjor COMMUNICATIONS CONSULTING, Address 1142 VILLAGE FOREST PL.	INC.
WALTER L. JONES 04.63 P.O. BOX 151543 AMONTE-SPRINGS. FL 32715-1543 ALTER 23, 19 94 MONTES MULTICA - Public Service Comm. J. S. 700.00 MULTICA - Multica Service Comm. J. S. 700.00 MULTICA - Multica And He DOLLARS MULTICA - MULTICA - MULCINA MULTICA - MULCINA MULCINA MULTICA - MULCINA MULCINA MULTICA - MULCINA MU	[] een registered with