



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

ORIGINAL
FILE COPY

April 24, 1996

TRI-COUNTY TELESYSTEMS
4581 AMANDA AVE.
NORTH PORT, FL 34287

96 MAY -7 PM 8:40
MAIL ROOM

Subject: **TRI-COUNTY TELESYSTEMS**
REGISTRATION NUMBER: G96114000013

This will acknowledge the filing of the above fictitious name registration which was registered on April 23, 1996. 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. 796A00019506

DOCUMENT NUMBER DATE
05105 MAY-7 96
FPSC-RECORDS/REPORTING

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREATY NO.

DATE

MAY 3 1996

1. LEGAL NAME OF THE APPLICANT

DAVID MICHAEL CASTRIGONE

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

TRI-COUNTY TELESYSTEMS

3. ADDRESS OF THE APPLICANT(S)

STREET

4581 AMANDA AVE.

CITY

NORTH PORT

STATE & ZIP

FLA. 34287

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:

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:

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: DAVID M. CASTRONE
TITLE: OWNER
PHONE: 941-428-7177

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

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

FLORIDA

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

9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

[]
[]
[]
[]
[]

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 2

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

[]
[]
[]
[]

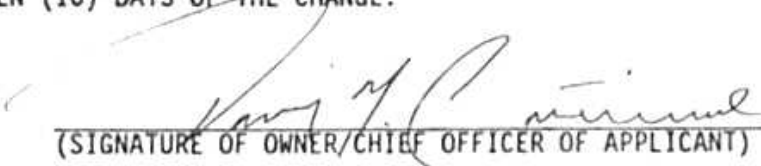
12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

- YES

13. 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

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: MAY 3 1996

APPLICANT ACKNOWLEDGEMENT CARD

Applicant

David M. Cassino

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

Signature

David M. Cassino

Title

OWNER

Date

MAY 3 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.

State of Florida

Commissioners:
SUSAN F. CLARK, CHAIRMAN
J. TERRY DEASON
JULIA L. JOHNSON
DIANE K. KIESLING
JOE GARCIA



DIVISION OF RECORDS &
REPORTING
BLANCA S. BAYO
DIRECTOR
(904) 413-6770

Public Service Commission

May 8, 1996

Mr. David Michael Castricone
4581 Amanda Avenue
North Port, Florida 34287

Re: Docket No. 960571-TC

Dear Mr. Castricone:

This will acknowledge receipt of an application for certificate to provide pay telephone service, by DAVID MICHAEL CASTRICONE d/b/a TRI-COUNTY TELESYSTEMS, which was filed in this office on May 7, 1996 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Sincerely,

A handwritten signature in cursive script that reads "Matilda A. Sanders".

Matilda A. Sanders
Commission Deputy Clerk

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS REC

DATE

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DAVID MICHAEL CASTRICONE

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

TRI-COUNTY TELESYSTEMS

3. ADDRESS OF THE APPLICANT(S)

STREET 4581 AMANDA AVE.
 CITY NORTH PORT
 STATE & ZIP FLA. 34287

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NAME _____

ADDRESS _____

DAVID M. CASTRICONE 07-91
 WENDY I. CASTRICONE
 4581 AMANDA AVE. PH. (941) 423-7177
 NORTH PORT, FL 34287

2002

63-27/831
100

5-1-1996

en registered with

Pay to the order of Florida Public Service Commis \$ 100.00

One Hundred and no/100 Dollars

NationsBank USA

Official Sponsor 1996/2000 U.S. Olympic Team
 NationsBank of Florida, N.A.
 Sarasota, Florida

DOCUMENT NUMBER-DATE

05105 MAY-7 96

For Wendy I. Castricone
 ⑆063100277⑆ 0093401280⑆ 2002

FPSCH-FCR/FPS/REPORTING