

961167-TC

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC

1. LEGAL NAME OF THE APPLICANT

D379

SEP 26 '96

STEVEN M + RITA GRAFFAGNINO

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

T.M.P. ENT. INC.

3. ADDRESS OF THE APPLICANT(S)

STREET

P.O. Box 1257

CITY

LARGO

STATE & ZIP

FL. 33779

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 N/A

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: STEFEN M GRAFFAGNINO  
TITLE: PRES.  
PHONE: 813. 584. 0857

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.

N/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.

NONE

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: 20

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



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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.

*Steven M. Galluccio*  
\_\_\_\_\_  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: Aug 21 - 96

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 SEP 12 AM 9:42

# ARTICLES OF INCORPORATION

OF

DEPOSIT TREAS. REC. DATE

T.M.P. ENTERPRISES, INC.

0379

SEP 26 '96

The undersigned incorporators hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

## ARTICLE I. NAME

The name of the corporation shall be T.M.P. ENTERPRISES, INC. The address of the principal office of this corporation shall be 10303 123rd Avenue North, Largo, Florida 33773, and the mailing address shall be P.O. Box 1257, Largo, Florida 33779.

## ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

## ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 7,500 shares of common stock having \$1.00 par value per share.

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SEP 25 PM 10  
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SERVICE COMMISSION  
96 SEP 25 AM 9:06  
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**ARTICLE IV. REGISTERED AGENT**

The street address of the initial registered office of the corporation shall be 10303 123rd Avenue North, Largo, Florida 33773, and the name of the initial registered agent of the corporation at that address is Steven M. Graffagnino.

**ARTICLE V. TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE VI. OFFICERS AND DIRECTORS**

This corporation shall have two officers and two directors, initially. The name and street address of the initial officers and directors who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Steven M. Graffagnino  
Dir./Pres./Treas.

10303 123rd Avenue North  
Largo, Florida 33773

Rita Friess  
Dir./Vice Pres./Sec.

10303 123rd Avenue North  
Largo, Florida 33773

**ARTICLE VII. INCORPORATOR**

The names and street addresses of the incorporators to these Articles of Incorporation are:

Steven M. Graffagnino  
10303 123rd Avenue North  
Largo, Florida 33733

Rita Friess  
10303 123rd Avenue North  
Largo, Florida 33733

DeLynn L. Gerkey  
Witness

William Ramba  
Witness

DeLynn L. Gerkey  
Witness

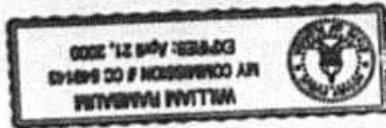
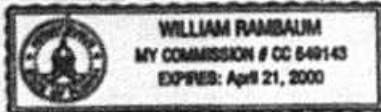
William Ramba  
Witness

Steven M. Graffagnino  
Steven M. Graffagnino

Rita Friess  
Rita Friess

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 26 day of August, 1996, by Steven M. Graffagnino, who is personally known to me or who produced \_\_\_\_\_ as identification, and who did/did not take an oath.



NOTARY PUBLIC:

Sign: William Ramba

Print: \_\_\_\_\_

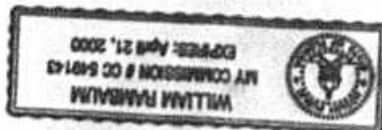
State of Florida at Large

My commission expires:

(SEAL)

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 26 day of August, 1996, by Rita Friess, who is personally known to me or who produced \_\_\_\_\_ as identification, and who did/did not take an oath.



NOTARY PUBLIC:

Sign: William Ramba

Print: \_\_\_\_\_

State of Florida at Large

My commission expires:

(SEAL)

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 SEP 12 AM 9:42

Steven M. Graffagnino, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

  
Steven M. Graffagnino



APPLICANT ACKNOWLEDGEMENT CARD

Applicant STEVEN M & RITA CRAFFAGNINO

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

Signature Steven M. Craffagnino

Title President

Date Aug 21 96

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.

