

To whom it concerns:

961486-TC

Enclosed is my application for a pay phone certification along with (5) copies, a check for \$100⁰⁰ for 1997 as well as a copy of the Corporation papers, just filed.

Please try to expedite this request, I already have my equipment ready for installation. If you have any questions please feel free to call my assistant Mr. Frederick Elliott at 904 453 5510 or fax info. to: 904 453 2488.

Once Again, Thank you for your assistance in putting this together.

Sincerely

Mable Prince

DOCUMENT NUMBER-DATE

13349 DEC 16 88

8800 REP. OF FLORIDA

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT TREAS. REC. DATE

D420 96444 DEC 16 '95

961486-TC

1. LEGAL NAME OF THE APPLICANT

Malcolm P. Prince

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Di-Comm (Universal Communications)

3. ADDRESS OF THE APPLICANT(S)

STREET 6628 Greenwell
CITY Pensacola
STATE & ZIP Florida 32506

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.

[X]

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

Currently in process of forming Corporation

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: Ired Elliott
 TITLE: Sales / Technician
 PHONE: 904 453 5510 Jay 904 453 2488

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.

Does not apply

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

Does not apply

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

Does not apply

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

Does not apply

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

Does not apply

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: 50

11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

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

Part time Technician
Fred Elliott

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.

REQUIRED BY COMMISSION RULE NO. 25-24.511

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.

Mable P. Prince
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

X DATE: 10 DECEMBER 96

FORM PSC/CMU 32 (R3-93) PAGE 5 OF 5
REQUIRED BY COMMISSION RULE NO. 25-24.511

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Diversified Communications

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

Signature Malcolm P. Prince

Title President

Date 10 December 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.

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. box 6327
Tallahassee, Florida 32314

SUBJECT: DIVERSIFIED COMMUNICATIONS

Enclosed is an original and one (1) copy of the Articles of
Incorporation and our check for \$ 122.50

FROM:
WABLE F. PRINCE
6628 Greenwell Street
Pensacola, Florida 32506

ARTICLES OF INCORPORATION

OF DIVERSIFIED COMMUNICATIONS

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Act, hereby adopt the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be: DIVERSIFIED COMMUNICATIONS

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 6628 Greenwell St Pensacola, Florida 32506.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE THOUSAND SHARES (1,000)

ARTICLE IV REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
MABLE P. PRINCE
6628 GREENWELL ST,
Pensacola, Florida 32506.

ARTICLE V INCORPORATORS

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

MABLE P. PRINCE

6628 Greenwell St.

Pensacola, Florida 32506

Mailing
Address →

LT-COMM
P.O. BOX 37605
PENSACOLA, FL.
32526

The undersigned incorporators have executed these Articles of Incorporation this 10 day of DECEMBER 1996.

Mable P. Prince

MABLE P. PRINCE

President

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/agent, in the State of Florida.

1. The Name of the corporation is: **SILVERVILLE COMMUNICATIONS**
2. The name and address of the registered agent and office is:
MABLE P. PRINCE

**6628 GREENWELL St.,
Pensacola, Florida 32506**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

Mable P. Prince

MABLE P. PRINCE

Date: 10 November 96

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION
DEPOSIT TREAS REC. DATE
DEC 16 '95

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Mable P. Prince

961486-TC

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DI-Comm (Diversified Communications)

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NAME

Currently in process of incorporating Corporation

FREDERICK D ELLIOTT
FLDL E430-244-58-271
(904)453-0651
12960 OGDEN ROAD
PENSACOLA, FL 32506

1 Dec. 96 1610

63-8183/2632

PAY TO THE ORDER OF Florida Public Serv. Comm. \$100.00

One Hundred + 00/100 DOLLARS

registered with

Escambia County
Employees Credit Union
A Member of
Financial Institutions

Certification

Frederick D. Elliott

DOCUMENT NUMBER DATE

13349 DEC 16 95

POST OFFICE ADDRESS