ROGGER ANTHONY WALDRON         NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS         ROGER ANTHONY WALDRON         ADDRESS OF THE APPLICANT(S)         STREET       US PATRICK MUL CR         CITY       PONTE VEDRA BCH:         STATE & ZIP       FL 32082         TYPE OF ORGANIZATION (CHECK ONE)       A.         A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:       M         DOCUMENTATION:       No other documentation needed.         B. PARTNERSHIP:       []         DOCUMENTATION:       Attach a copy of the partnership agreement, and allist         with the name and address of all partners.       []         DOCUMENTATION:       Attach proof that articles of incorporation have been         filed with the Florida Secretary of State's Office.       []         DOCUMENTATION:       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	LEGAL NAME OF	ORIDA PAY TELEPHONE CERTIFICATE APPLICATION F THE APPLICANT D452	TREAS. REC.
Roged Antiformy WALSDON.         ADDRESS OF THE APPLICANT(S)         STREET       108 PATRICK MILL CR			
STREET       108 PATRICK MILL CR PONTE VEBDA BCH.         CITY       PONTE VEBDA BCH.         STATE & ZIP       FL 32082         TYPE OF ORGANIZATION (CHECK ONE)       A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:       M         A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:       M       1         OWN NAME.       M       1         DOCUMENTATION:       No other documentation needed.       M         B. PARTNERSHIP:       []       G         DOCUMENTATION:       Attach a copy of the partnership agreement, and allist         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 thai applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.         NAME	NAME UNDER WH		anl.
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STATE & ZIP       FL 32.082         TYPE OF ORGANIZATION (CHECK ONE)       A.         A.       INDIVIDUAL DOING BUSINESS UNDER HIS/HER:       M         OWN NAME.       M         DOCUMENTATION:       No other documentation needed.       M         B.       PARTNERSHIP:       []         DOCUMENTATION:       Attach a copy of the partnership agreement, and allist 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 incorporate outside of Florida, attach proof from the Florida and provide name and address of Florida Registered Agent.         NAME	STREET	108 PATRICK MILL CR	
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D. DOING BUSINESS UNDER A FICTITIOUS NAME: [] DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.	filed with t outside of Fl applicant has	s authority to operate in Florida and provide I	name and address
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BARILIEUT DI MUED-III	filed with t outside of Fl applicant has of Florida Re NAME ADDRESS D. DOING E DOCUMENTATION the Florida S	BUSINESS UNDER A FICTITIOUS NAME: [] N: Attach proof that fictitious name has been Secretary of States Office.	

FPSC-RECORDS/REPORTING

NAM	E: ROGER WAYDRON
TIT	LE: OWNER
PHO	NE: (904) 273 8240.
THE	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLIC R BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE RIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICAT
1	NO.
IF	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST TIFICATE HOLDER AND CERTIFICATE NUMBER.
	XV/A.
LIS	T THE STATES IN WHICH THE APPLICANT:
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE
	NONE
в.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPH PROVIDER.
с.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVID
	EXPLAIN CIRCUMSTANCES.
	- NONE

FORM PSC/CMU 32 (R3-93) PAGE 3 OF 6 REQUIRED BY CONMISSION RULE NO. 25-24.511

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

NONE PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY 9. RESULT FROM PENDING PROCEEDINGS. NONE PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED: 10. LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD TOU FREE OTHER, DESCRIBE PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE 11. IN THE FIRST YEAR: NOT MORE THAN .20 HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE? 12. PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER, DESCRIBE

FORM PSC/CMU 32 (R3-93) PAGE 4 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS 13. 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.

14. 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.)



FORM PSC/CMU 32 (R3-93) PAGE 5 OF 6 REQUIRED BY CONVISSION RULE NO. 25-24.511 1, 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.

Alala	2
DWNER/CHIEF, OFF	ICER OF APPLICANT)
129	97.
	OWNER/CHIEF OFF

FORM PSC/CHU 32 (R3-93) PAGE 6 OF 6 REQUIRED BY CONMISSION RULE NO. 25-24.511

## APPLICANT ACKNOWLEDGEMENT CARD

Applicant	ROGEN. A. WALDRON
I acknowledge Service Commis of Pay Telepho	
Signature	Moulda
Title	OWNER

1/29/97.

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.

Date

	2.	NAME UNDER WHICH THE APP	ANTHONY WAY	All and the second second	
			GER ANTHONY		)
+	3.	ADDRESS OF THE APPLICANT	(S)		
			KTRICK MILL CR		
•		CITY <u>Po</u>	NTE VEBRA BC	<u>₩</u>	
•		STATE & ZIP	FL 32082		
	4.	TYPE OF ORGANIZATION (CH	ECK ONE)		
		A. INDIVIDUAL DOING BU OWN NAME.	ISINESS UNDER HIS/HER	: M	5
		DOCUMENTATION: No other	documentation needed	1.	MOON-
		B. PARTNERSHIP:		[]	Σ.φ
		DOCUMER.TATION: Attach a with the name and address	copy of the partners of all partners.	ship agreement,	and a list
		C. CORPORATION:		[]	
		DOCUMENTATION: Attach p filed with the Florida : outside of Florida, attacl applicant has authority to of Florida Registered Age	proof from the Florida a	Office. If in	corporated
		NAME			
		ADDRESS			
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SUN	TRUST		Portfolio Banking		
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