FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

971142-TC

LEGAL NAME OF THE APPLICANT	DEPOSIT			DATE	
KINGERLY IN CHRISTY	D602	•	AUG	2919	97
NAME UNDER WHICH THE APPLICANT WI	LL DO BUSINESS				
MEADOWLARK CAMPER	aiwo .				_
ADDRESS OF THE APPLICANT(S)	3.				
STREET 12525 WILL	iams ROSW				
CITY MODE HOL	EU, P				
STATE & ZIP R. 334	71				
TYPE OF ORGANIZATION (CHECK ONE)					50
A. INDIVIDUAL DOING BUSINESS U OWN NAME.	NDER HIS/HER:	ĺ	1		69.7
DOCUMENTATION: No other documen	tation needed.				g
B. PARTNERSHIP:		1	1		
DOCUMENTATION: Attach a copy of with the name and address of all	the partnership partners.	agree	ment,	and .	a lis
C. CORPORATION:		I]		
filed with the Florida Secretary	of State's Offi from the Florida S	ice. ecret	If i	ncorp	orate e tha
NAME			_		
ADDRESS					
	NAME UNDER WHICH THE APPLICANT WILL POECONIC ARK CAMPER ADDRESS OF THE APPLICANT(S) STREET CITY STATE & ZIP TYPE OF ORGANIZATION (CHECK ONE) A. INDIVIDUAL DOING BUSINESS UNION NAME. DOCUMENTATION: No other document B. PARTNERSHIP: DOCUMENTATION: Attach a copy of with the name and address of all c. CORPORATION: DOCUMENTATION: Attach proof that filed with the Florida Secretary outside of Florida, attach proof applicant has authority to operate of Florida Registered Agent.	MAME UNDER WHICH THE APPLICANT WILL DO BUSINESS MEADENICARE CAMPBROOKS ADDRESS OF THE APPLICANT(S) STREET LOSS WILLIAMS LOSW STATE & ZIP TYPE OF ORGANIZATION (CHECK ONE) A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME. DOCUMENTATION: Ho other documentation needed. B. PARTNERSHIP: DOCUMENTATION: Attach a copy of the partnership with the name and address of all partners. C. CORPORATION: DOCUMENTATION: Attach proof that articles of in filed with the Florida Secretary of State's Officutside of Florida, attach proof from the Florida Sapplicant has authority to operate in Florida and proof Florida Registered Agent.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS MEADEN/LARK CAMPSED NO ADDRESS OF THE APPLICANT(S) STREET 12525 WILLIAMS ED SW CITY MOOVE HOUTO, P STATE & ZIP GL. 33471 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 agree with the name and address of all partners. C. CORPORATION: [DOCUMENTATION: Attach proof that articles of incorpo filed with the Florida Secretary of State's Office. outside of Florida, attach proof from the Florida Secret applicant has authority to operate in Florida and provide of Florida Registered Agent.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS MEADENICARK CAMPSEOUND	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS MEDICENTIAL CAMPROXIO ADDRESS OF THE APPLICANT(S) STREET 12525 WILLIAMS ED SW CITY MCOCE HOUTE, E STATE & ZIP GL 33471 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 with the name and address of all partners. C. CORPORATION: [] DOCUMENTATION: Attach proof that articles of incorporation have filed with the Florida Secretary of State's Office. If incorpoutside of Florida, attach proof from the Florida Secretary of State applicant has authority to operate in Florida and provide name and a of Florida Registered Agent.

FORM PSC/CHU 32 (R3-93) PAGE 2 OF 6 REQUIRED BY CORRIESION RULE NO. 25-24.511

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•	D.	HAS HAD EGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
9.	FOUND RESUL	E INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR IDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY FROM PENDING PROCEEDINGS.
10.	PLEASE	E CHECK THE SERVICES THAT WILL BE PROVIDED:
	COIN CALLII CREDIT OTHER	DISTANCE [X] NG CARD [X] T CARD [X] T CARD [X]
11.	PROPOS IN TH	SED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE FIRST YEAR:
12.	HOW DO	DES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?
		NALLY TIME TECHNICIAN TIME TECHNICIAN

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

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 OFFFICER OF APPLICANT)

APPLICANT ACKNOWLEDGEMENT CARD

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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.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 29, 1997

MEADOWLARK CAMPGROUND 12525 WILLIAM RD SW MOORE HAVEN, FL 33471

Subject: MEADOWLARK CAMPGROUND

Reference Number: G97999043672

This will acknowledge the Renewal of the Fictitious Name Registration of MEADOWLARK CAMPGROUND was filed on July 25, 1997. This renewal continues the name registration until December 31, 2002.

If the mailing address of this business changes, please notify this office in writing and reference the 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

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Letter No. 797A00038435

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

971142-TC

	1.	LEGAL NAME OF THE APPLICANT	EPOSIT		DATE	
		KIMBERLY M CHRESTY DO	602	AUG	2 9 1997	
	2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINE	ss			
		MEADENLARK CAMPBROOND	· 25			
¥)	3.	ADDRESS OF THE APPLICANT(S)				
		STREET 12525 WILLIAMS RD	SW			
		CITY MODE HOUSE, &			157.5	
		STATE & ZIP R. 33471				
	4.	TYPE OF ORGANIZATION (CHECK ONE)			57	
		A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.	R:	[]	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	î.
		DOCUMENTATION: No other documentation neede	d.		75	
		B. PARTNERSHIP:	1	[]		
		DOCUMENTATION: Attach a copy of the partner with the name and address of all partners.	rship agre	ement,	and 2 1s	st
		C. CORPORATION:	1	. 1		
		DOCUMENTATION: Attach proof that articles filed with the Florida Secretary of State's outside of Florida, attach proof from the Florida applicant has authority to operate in Florida of Florida Registered Agent. NAME ADDRESS	office.	If i	ncorporate State the	ed at
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		MEADOWLARK CAMPGROUND 941-675-2243 12525 WILLIAMS RD. S.W. MOORE HAVEN, FL. 33471	(*****		140	
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