

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

DEPOSIT

DATE

D 6 7 7 -

DEC 22 1997

Branch Associates, Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

Above, plus, U-Call and Suncall.

971636-TC

3. ADDRESS OF THE APPLICANT(S)

STREET 14255 U.S. Highway One Suite 225

CITY Juno Beach

STATE & ZIP Florida 33408

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 Paul C. Branch

ADDRESS 14255 U.S. Highway One Suite #225

Juno Beach, FL 33408

D. DOING BUSINESS UNDER A FICTITIOUS NAME: (S)

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: Paul C. Branch
TITLE: President
PHONE: (561) 627-9308

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

Georgia and South Carolina

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.

No.

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

None

9. 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 RESULT FROM PENDING PROCEEDINGS.

None.

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL	[X]
LONG DISTANCE	[X]
COIN	[X]
CALLING CARD	[X]
CREDIT CARD	[X]
OTHER, DESCRIBE	[X]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: Not sure at this time.

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

PERSONALLY	[X]
FULL-TIME TECHNICIAN	[]
PART-TIME TECHNICIAN	[]
SERVICE/REPAIR/MAINTENANCE CONTRACT	[X]
OTHER, DESCRIBE	[]

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.)

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.)

Yes.

PLEASE COMPLETE THIS PAGE AND RETURN TO:

Ms. Brenda H. Hawkins, Regulatory Analyst
FLORIDA PUBLIC SERVICE COMMISSION
Division of Communications
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

CMU

DEC 22 1997

RECEIVED

NAME: Paul C. Branch d/b/a
NAME OF COMPANY: U-Call, The Smart Payphone
ADDRESS: P.O. Box 14326
CITY/STATE/ZIP: North Palm Beach, FL 33408
PHONE # W/AREA CODE: (561) 627-9308
CERTIFICATE #: 3865 COMPANY CODE: TF213

(Answer "YES" to one of the following statements below.)

- XXXX (1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date. Nothing due. Have also paid for 1998.
- (2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it _____ date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because _____
_____ Have Incorporated in the State of Florida.

SIGNATURE: P.C. Branch DATE: 12/16/97

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Branch Associates, Inc.

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

Signature *Paul C. Dean*

Title President

Date December 16, 1997

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.



060-046
1.611904140

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 23, 1997

BFT ASSOCIATES, INC.
P. O. BOX 14326
NORTH PALM BEACH, FL 33408

Re: Document Number P96000010581

The Articles of Amendment to the Articles of Incorporation of BFT ASSOCIATES, INC. which changed its name to BRANCH ASSOCIATES, INC., a Florida corporation, were filed on January 15, 1997.

Should you have any questions regarding this matter, please telephone (904) 487-6050, the Amendment Filing Section.

Thelma Lewis
Corporate Specialist Supervisor
Division of Corporations

Letter Number: 997A00003325

TAX ID # 65-0641009

162-551

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Branch Associates, Inc.

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

Signature 

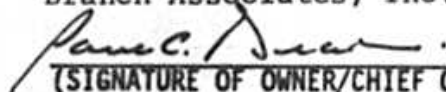
Title President

Date December 16, 1997

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.

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.

Branch Associates, Inc.

 President
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: December 16, 1997



060-046
1.611904140

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 23, 1997

BFT ASSOCIATES, INC.
P. O. BOX 14326
NORTH PALM BEACH, FL 33408

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Thelma Lewis
Corporate Specialist Supervisor
Division of Corporations

Letter Number: 997A00003325

TAX ID # 65-0641009

162-551



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 29, 1994

U-CALL, THE SMART PAYPHONE
P.O. BOX 21201
ST. SIMONS ISLAND, GA 31522

Subject: **U-CALL, THE SMART PAYPHONE**

REGISTRATION NUMBER: **G94272900078**

This will acknowledge the filing of the above fictitious name registration which was registered on September 29, 1994. 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.

For information regarding fictitious names on file or to search the record call (904) 488-9000.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (904) 487-6058.

Beverly Strickland
Fictitious Names Section

Letter No. 594A00043634



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 21, 1997

SUNCALL
P.O. BOX 14326
NORTH PALM BEACH, FL 33408

Subject: **SUNCALL**

REGISTRATION NUMBER: **G97017000168**

This will acknowledge the filing of the above fictitious name registration which was registered on January 17, 1997. 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.

Enclosed is your certificate(s) as requested.

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. 797A00002898

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT DEPOSIT DATE
Branch Associates, Inc. D677 - DEC 22 1997

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
Above, plus, U-Call and Suncall.

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STREET 14255 U.S. Highway One Suite 225
CITY Juno Beach
STATE & ZIP Florida 33408

4. TYPE OF ORGANIZATION (CHECK ONE)
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OWN NAME.

DOCUMENTATION: No other documentation needed.

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DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION: [x]

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NAME Paul C. Branch

ADDRESS 14255 U.S. Highway One Suite #225

Juno Beach, FL 33408



BRANCH ASSOCIATES, INC.
P.O. BOX 14326 407-626-1172
NORTH PALM BEACH, FL 33408

5366

12/16 19 97

PAY TO THE ORDER OF Florida Public Service Com. \$ 100.00

One hundred and 00/100***** DOLLARS

Barnett 888-848
200 U.S. Highway 1
North Palm Beach, Florida 33408

FOR _____

P.C. Branch

[x]
en registered with