

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT _____

Raymond L. Syfrett

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

Great Southern Tele-Communications Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET 1904 Lisensby Ave

CITY Panama City, Florida

STATE & ZIP CODE Florida, 32405

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: (x)

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: Great Southern Tele-Communications Inc.

ADDRESS 1904 Lisensby Avenue

Panama City, Florida 32405

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D. DOING BUSINESS UNDER A FICTITIOUS NAME: ()

DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office.

5. PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: Raymond L. Sylvest

TITLE: President

PHONE: 850-832-7969

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 CANCELED 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

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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

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 INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

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10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

- | | |
|-----------------|-------------------------------------|
| LOCAL | <input checked="" type="checkbox"/> |
| LONG DISTANCE | <input checked="" type="checkbox"/> |
| COIN | <input checked="" type="checkbox"/> |
| CALLING CARD | <input checked="" type="checkbox"/> |
| CREDIT CARD | <input checked="" type="checkbox"/> |
| OTHER, DESCRIBE | <input type="checkbox"/> _____ |
-

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: _____

Approximately Fifty

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

- | | |
|-------------------------------------|-------------------------------------|
| PERSONALLY | <input checked="" type="checkbox"/> |
| FULL-TIME TECHNICIAN | <input checked="" type="checkbox"/> |
| PART-TIME TECHNICIAN | <input checked="" type="checkbox"/> |
| SERVICE/REPAIR/MAINTENANCE CONTRACT | <input type="checkbox"/> |
| OTHER DESCRIBE | <input type="checkbox"/> |
-
-
-

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

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14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (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



(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: August 3, 1998

APPLICANT ACKNOWLEDGMENT

Applicant Raymond L. Syrett with Great Southern Tele-Communications 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: Raymond L. Syrett
Title: President
Date: Aug. 3, 1998

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.

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of GREAT SOUTHERN TELE-COMMUNICATIONS, INC., a Florida corporation, filed on August 3, 1998, as shown by the records of this office.

The document number of this corporation is P98000067637.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Third day of August, 1998



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State

**ARTICLES OF INCORPORATION
OF**

FILED

98 AUG -3 PM 2:51

**GREAT SOUTHERN TELE-COMMUNICATIONS, SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act (Florida Statutes, Chapter 607), adopts the following Articles of Incorporation for such corporation:

ARTICLE I. CORPORATE NAME

The name of this corporation is **GREAT SOUTHERN TELE-COMMUNICATIONS, INC.**

ARTICLE II. DURATION

The period of the corporation's duration shall be perpetual.

ARTICLE III. PURPOSE

The purpose or purposes for which this corporation is organized are to engage in any activity or business which are not inconsistent with the law.

ARTICLE IV. PRINCIPAL OFFICE

The principal place of business of this corporation is 1904 Lisenby Avenue, Panama City, Florida 32405, with a mailing address of Post Office Box 16264, Panama City, Florida 32406-6264.

ARTICLE V. CAPITAL STOCK

The maximum number of shares this corporation is authorized to issue is One Thousand (1,000), with each share having a par value of One Dollar (\$1.00), all of which shall be common shares. All common shares shall be identical with each other in every respect and the holders thereof shall be entitled to one vote for each share on all matters on which shareholders have the right to vote.

ARTICLE VI. INITIAL REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent are Raymond L. Syfrett at 1904 Lisenby Avenue, Panama City, Florida 32405.

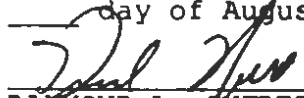
ARTICLE VII. INCORPORATORS

The name and street address of the incorporator of these articles of incorporation are the following: Raymond L. Syfrett at 1904 Lisenby Avenue, Panama City, Florida, 32405.

ARTICLE VIII. DIRECTORS

The corporation shall have one director initially. The number of directors may be increased or decreased from time to time by the bylaws, but shall never be less than one. The name and street address of the initial director are the following: Raymond L. Syfrett at 1904 Lisenby Avenue, Panama City, Florida 32405.

IN WITNESS WHEREOF, the undersigned incorporator and subscriber has executed these Articles of Incorporation on this _____ day of August, 1998.



RAYMOND L. SYFRETT
Incorporator

STATE OF FLORIDA
COUNTY OF BAY

The foregoing instrument was sworn to or affirmed and signed before me by Raymond L. Syfrett on this _____ day of August, 1998.

Signature of NOTARY PUBLIC
STATE OF FLORIDA

Printed Name of NOTARY PUBLIC

RAYMOND L. SYFRETT was

Personally Known

Produced Identification

Type of Identification Produced _____

ACKNOWLEDGMENT BY REGISTERED AGENT

Having been named to accept service of process for the above-stated corporation, at the place designated in the Articles of Incorporation, I hereby agree to act in this capacity, and agree to comply with the provisions of all relevant Florida Statutes relative to keeping said office open.



RAYMOND L. SYFRETT
Registered Agent

FILED
98 AUG -3 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEPOSIT

DATE

D 8 2 4

AUG 04 1998

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

980981-TC

1. LEGAL NAME OF THE APPLICANT _____

Raymond L. Syfrett

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

Great Southern Tele-Communications Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET 1904 Liscomb Ave

CITY Panama City, Florida

STATE & ZIP CODE Florida, 32405

93 AUG -4 AM 9 20
MAIL ROOM

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME: ()

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Great Southern Tele-Communications Inc.

RAYMOND L. SYFRETT
Ph 850-785-3408
dl 5163-732-41 328-0
311 Magnolia Ave
Panama City, FL 32401

524

DATE Aug 3, 1998

63-660/632

05

PAY TO THE ORDER OF Public Service Comm. \$ 100⁰⁰

DOLLARS

Regions Bank
FLORIDA

Raymond L. Syfrett

DOCUMENT NUMBER-DATE

08154 AUG-38

ESC-RECORDS/REPORTING