



Public Service Commission

M-O-R-A-N-D-U-M-

DATE: April 2, 1999

TO: Blanco Bayo, Director, Division of Records and Reporting

FROM: Toni J. McCoy, Regulatory Analyst, Division of Communications *TJM*

SUBJECT: Open Docket No. 990261-TC, Revise CASR Title

Please revise the CASR title for the above docket from:

Application for certificate to provide pay telephone service by Lakeshore Car Care, Inc. d/b/a Lakeshore Car Wash.

Change to:

Application for certificate to provide pay telephone service by Lakeshore Car Care, Inc.

Please see attached letter from the applicant, amended application pages Dept. of State letter.

ALSO NOTE Change in contact phone for the Master Commission Directory. ←

Thank you.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH cy to Nonnye

DOCUMENT NUMBER - DATE
04252 APR-2 99
 FPSC-RECORDS/REPORTING



RECEIVED

APR 01 1999

CMU

March 31, 1999

Via Facsimile
850-413-6533

Via FedEx
805653664398

Ms. Toni McCoy
Florida Public Service Commission
Division of Telecommunications
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

RE: Docket #990261-TC
Lakeshore Car Care, Inc.
Sebring, Florida

99 APR - 1 AM 10:11
MAIL ROOM

Dear Toni,

Lakeshore Car Care, Inc. would like to amend their application from Lakeshore Car Care, Inc. d.b.a. Lakeshore Car Wash to just Lakeshore Car Care, Inc.

We have also amended the telephone number from (941) 471-9274 to read (941) 289-4475.

Please find enclosed, pages of the amended application. Please process this change. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Gary L. Gwynn".

Gary L. Gwynn
General Manager

GLG/nkm
Enclosures

991 U.S. 27 North • Sebring, FL 33870 • 941-471-WASH (9274)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 11, 1997

INDIAN RIVER TRANSPORT
ATTN: GEORGE T. MACCONNELL
P.O. BOX 2119
WINTER HAVEN, FL 33883

The Articles of Incorporation for LAKESHORE CAR CARE, INC. were filed on July 10, 1997, effective July 7, 1997 and assigned document number P97000060300. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

John Nedeau, Document Specialist
New Filing Section

Letter Number: 697A00035726

1. Name of company or name of individual (not fictitious name or d/b/a):

Lakeshore Car Care, Inc.

2. Name under which applicant will do business (fictitious name, etc.):

Lakeshore Car Care, Inc.

3. Official mailing address:

Street: 991 U.S. 27 North

P.O. Box:

City: Sebring

State: Florida

Zip: 33870

4. Florida address:

Street: 991 U.S. 27 North

P.O. Box:

City: Sebring

State: Florida

Zip: 33870

5. Structure of organization:

() Individual

() Corporation

() General Partnership

() Limited Partnership

() Other: _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number:

P97000060300

10. Partnership (continued)

b. Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: Gary L. Gwynn
Title: General Manager
Address: 991 U.S. 27 North
City/State/Zip: Sebring, FL 33870
Telephone No.: 941-289-4475 Fax No.: to be determined
Internet E-Mail Address: _____
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Gary L. Gwynn
Title: General Manager
Address: 991 U.S. 27 North
City/State/Zip: Sebring, FL 33870
Telephone No.: 941-289-4475 Fax No.: to be determined
Internet E-Mail Address: _____
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. NO

If so, provide explanation: _____

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number. NO

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not. NO

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NONE

b. Has applications pending to be certified 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, rules, or orders. Explain circumstances.

NONE

16. Please check (✓) the services that will be provided:

- (✓) LOCAL
- (✓) LONG DISTANCE
- (✓) COIN
- (✓) CALLING CARD
- (✓) CREDIT CARD
- () OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 3

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe) _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
- No Explain: _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

- Yes
- No Explain: _____

APPLICANT FEE/TAX STATEMENT

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra- and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra- and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.


UTILITY OFFICIAL:

Gary L. Gwynn

Print Name
General Manager

Title
941-289-4475

Telephone No.



Signature
March 3, 1999

Date
to be determined

Fax No.

Address: Lakeshore Car Care, Inc.

991 U.S. 27 North

Sebring, FL 33870

****ACKNOWLEDGMENT****

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.


Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083."

UTILITY OFFICIAL:

Gary L. Gwynn
Print Name

General Manager
Title

941-289-4475
Telephone No.


Signature

March 3, 1999
Date

to be determined
Fax No.

Address: Lakeshore Car Care, Inc.
991 U.S. 27 North
Sebring, FL 33870

****APPLICANT ACKNOWLEDGMENT****

Applicant: Lakeshore Car Care, Inc.

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

Gary L. Gwynn
Print Name

General Manager
Title

941-289-4475
Telephone No.

Address: Lakeshore Car Care, Inc.
991 U.S. 27 North
Sebring, FL 33870


Signature

March 3, 1999
Date

to be determined
Fax No.

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.