

ORIGINAL PAY TELEPHONE APPLICATION 35

AUG 08 '91

1. (A) THE LEGAL NAME OF THE APPLICANT AND, (B) THE NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS.

CHARLES E. MCCULLERS
(LEGAL NAME OF APPLICANT)

0235

AUG 08 '91

CHARLES E. MCCULLERS
(NAME TO BE SHOWN ON CERTIFICATE)

2. ADDRESS OF THE APPLICANT(S). (STREET NAME AND NUMBER, POST OFFICE BOX, CITY, STATE, AND ZIP CODE). IF MAILING ADDRESS DIFFERS FROM ABOVE, PROVIDE THAT ALSO.

APPLICANT(S) ADDRESS

MAILING ADDRESS

707 N. MERRIN STREET
PLANT CITY, FL 33566

(same)

3. APPLICANT IS (CHECK ONE)
 (A) PARTNERSHIP (B) CORPORATION OR (C) INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME.
 (D) DOING BUSINESS UNDER A FICTITIOUS NAME

4. PLEASE PROVIDE PROOF OF REGISTRATION OF FICTITIOUS NAME AS REQUIRED BY FLORIDA STATUTES 865.09 (1083), IF APPLICABLE. (ATTACH A COPY OF PROOF OF PUBLICATION OR A COPY OF THE COUNTY BUSINESS OCCUPATIONAL LICENSE).

5. IF APPLICANT IS A CORPORATION (1) PROOF OF INCORPORATION: (2) IF INCORPORATED OUTSIDE OF FLORIDA, PROOF FROM THE FLORIDA SECRETARY OF STATE THAT APPLICANT HAS AUTHORITY TO OPERATE IN FLORIDA, AND (3) NAME AND ADDRESS OF FLORIDA REGISTERED AGENT.

NOT APPLICABLE

6. IF APPLICANT IS A PARTNERSHIP, LIST ALL PARTNERS. IF APPLICANT IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS. PLEASE SUPPLY TITLE, NAME, AND ADDRESS.

CHARLES E. MCCULLERS-OWNER

(address same as above)

7. HAS APPLICANT OR ANY BUSINESS AFFILIATE OF THE APPLICANT (I.E. PARTNER, OFFICER, DIRECTOR, ETC.) EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

NO

8. IF THE ANSWER TO 7 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

NOT APPLICABLE

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

NAME: CHARLES E. MCCULLERS TITLE: OWNER PHONE: (13) 754-8681

10. FCC PART 68 REGISTRATION NUMBER(S) FOR ALL INSTRUMENTS:

AS593M72155-CX-E MANUFACTURED BY: AT&T

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 9

12. AN EXPLANATION OF HOW THE INSTRUMENTS INSURE AVAILABILITY TO ALL LONG DISTANCE COMPANIES IN THE AREA:

YES, I WILL GIVE ACCESS TO ALL LONG DISTANCE COMPANIES IN THE AREA.

13. (COMPLETE, SIGN.)

I, CHARLES E. MCCULLERS, OWNER, ATTEST TO THE
(NAME) (TITLE)

ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$25.00 PER CALENDAR YEAR) AND GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN ITEMS 1 - 2 ABOVE.

xxx Charles E. McCullers
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 7/30/91

APPLICANT ACKNOWLEDGEMENT CARD

Applicant CHARLES E. MCCULLERS

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

Signature XXX Charles E. McCullers

Title OWNER

Date 7/30/91

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.

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Dear **Mr. McCallers:** _____ DATE **8/9/91**

RE: Docket No. **910639-TC**

This will acknowledge receipt of **application for certificate to provide pay telephone services to CHARLES E. MCCULLERS.**

which has been filed as of this date. Appropriate staff members will be advised.

STEVE TRIBBLE, Clerk BY: **lew**

910839-7C

DEPOSIT TREAS. REC. DATE

ORIGINAL PAY TELEPHONE APPLICATION

AUG 03 '91

1. (A) THE LEGAL NAME OF THE APPLICANT AND, (B) THE NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS.

CHARLES E. MCCOLLERS
(LEGAL NAME OF APPLICANT)

6255

AUG 03 '91

CHARLES E. MCCOLLERS
(NAME TO BE SHOWN ON CERTIFICATE)

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CHARLES E. MCCOLLERS-OWNER

(address same as above)

CHARLES E. MCCOLLERS OR 1645
 MARY J. MCCOLLERS
 707 N. HERRIN ST., PM 784-0261
 PLANT CITY, FL 33566

8-2 '91

Florida Public Service Council

100

100

DOLLARS

ALL IN ONE PREFERRED ACCOUNT

Charles E. McCollers

DOCUMENT NUMBER-DATE
08034 AUG-8 1991
PSC-RECORDS/REPORTING