LEGAL NAME OF THE APPLICANT	DEPOSIT DATE
WILLIAM J. COOK	D529 MAY 22 199
NAME UNDER WHICH THE APPLICANT WILL DO	
Mr. C'S CONVENIENC	a center of termy of
ADDRESS OF THE APPLICANT(S)	P PO
<u> </u>	H Beach RD
CITY YANAMA G	by BRACH,
STATE & ZIP 4 LOBIDA	32413
TYPE OF ORGANIZATION (CHECK ONE)	
A. INDIVIDUAL DOING BUSINESS UNDER OWN NAME.	HIS/HER:
DOCUMENTATION: No other documentation	n needed.
B. PARTNERSHIP:	[]
DOCUMENTATION: Attach a copy of the with the name and address of all parts	partnership agreement, and a list ers.
C. CORPORATION:	[]
DOCUMENTATION: Attach proof that ar filed with the Florida Secretary of outside of Florida, attach proof from applicant has authority to operate in F of Florida Registered Agent.	State's Office. If incorporated the Florida Secretary of State that
NAME	
ADDRESS	
D. DOING BUSINESS UNDER A FICTITIOU	IS NAME:

REQUIRED BY CONMISSION RULE NO. 25-24.511

05122 MAY 22 5

FPSC-RECORDS/REPORTING

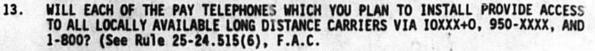
5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS

2100 TEEL S MAMER DEVEN an Johno TITLE: 504-204-9157 PHONE : HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT 6. EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER. 7. LIST THE STATES IN WHICH THE APPLICA T: 8. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE A. -LORIDA HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE Β. PROVIDER. 0 HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. C. EXPLAIN CIRCUMSTANCES. NO 1988

FORM PSC/CHU 32 (R3-93) PAGE 3 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

D.	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
IND	ASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP IVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, ND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS ULT FROM PENDING PROCEEDINGS.
1.10	
	ASE CHECK THE SERVICES THAT WILL BE PROVIDED:
LOC LON COI CAL CRE OTH	AL G DISTANCE N LING CARD DIT CARD ER, DESCRIBE
LOC LON COI CAL CRE OTH PRO	AL G DISTANCE N LING CARD DIT CARD
LOC LON COI CAL CRE OTH PRO IN	AL G DISTANCE N LING CARD DIT CARD ER, DESCRIBE POSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PL

FORM PSC/CHU 32 (R3-93) PAGE 4 OF 6 REGUIRED BY CONMISSION RULE NO. 25-24.511 0



UR

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

FORM PSC/CNU 32 (R3-93) PAGE 5 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511 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.

C

FORM PSC/CHU 32 (R3-93) PAGE 6 DF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

APPLICANT ACKNOWLEDGEMENT CARD

Applicant William J. Cook

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

Signature	Willin J Cook
4110	Outvon -man
Date	5/21/97

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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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 21, 1997

MR. C'S CONVENIENCE CENTER 14400 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413

Subject: MR. C'S CONVENIENCE CENTER

REGISTRATION NUMBER: G97079000040

This will acknowledge the filing of the above fictitious name registration which was registered on March 20, 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.

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. 897A00014534

Division of Corporations - P.O. BOX 6327 -Tallahassee. Florida 32314