

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

DEPOSIT

DATE

1. LEGAL NAME OF THE APPLICANT

D753

APR 13 1998

KENT ENTERPRISES, INC.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

980519-TC

KENT ENTERPRISES, INC.

3. ADDRESS OF THE APPLICANT(S)

STREET 2870 University Boulevard W.

CITY Jacksonville

STATE & ZIP FL 32217

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 J. Cleveland Kent

ADDRESS 2870 University Boulevard W.

Jacksonville, FL 32217

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

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

APPLICANT ACKNOWLEDGEMENT CARD

Applicant KENT ENTERPRISES, 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 *Norma K. Lockwood*
Norma K. Lockwood

Title Vice-President

Date April 9, 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.

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

NAME: Mike Spivey

TITLE: General Manager

PHONE: (904) 731-9616

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.

- B. LIST THE STATES IN WHICH THE APPLICANT:

- A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NONE

- 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 CHECK THE SERVICES THAT WILL BE PROVIDED:

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

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 6

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

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

12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

YES

13. 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

I, NORMA K. LOCKWOOD, VICE-PRESIDENT,
(TITLE)

ATTEST TO THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION AND HAVE READ ALL THE RULES AND REGULATIONS REGARDING PAY PHONE SERVICE IN FLORIDA. 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.

Norma K. Lockwood
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: *April 9, 1998*

State of Florida



Department of State

I certify from the records of this office that KENT ENTERPRISES, INC., is a corporation organized under the laws of the State of Florida, filed on February 4, 1950.

The document number of this corporation is 160432.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1996, that its most recent annual report was filed on March 12, 1996, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capitol, this the
Twenty-seventh day of March, 1996



CR2EO22 (2-95)



Sandra B. Northam
Secretary of State

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NAME J Cleveland Kent

KENT THEATRES, INC.

0096

JACKSONVILLE, FLA. April 6 1998

PAY TO THE ORDER OF Florida Public Service Commission

\$100.00

One hundred dollars and 00/100

DOLLARS

KENT THEATRES, INC.

FIRST UNION

First Union National Bank of Florida
P.O. Box 2080
Jacksonville, Florida 32231-0010

John B. Kent
J. Cleveland Kent



Kent Theatres, Inc.

POST OFFICE BOX 10066
JACKSONVILLE FLORIDA 32247
TELEPHONE 904 731 9616

April 10, 1998

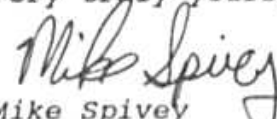
Florida Public Service Commission
Division of Communications
101 East Gaines Street
Tallahassee, FL 32399-0866

Gentlemen:

Enclosed please find:

1. Applicant Acknowledgement Card.
2. The original and five copies of our application for a certificate to provide pay telephone service within the State of Florida.
3. \$100 non-refundable application fee.

Very truly yours,


Mike Spivey
General Manager

MS/jg

Enc.

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
APR 13 AM 8 50
MAIL ROOM

RECEIVED

APR 13 1998

CMU