DEPOSIT

D7634

APR 2 7 1998

2.	SOUTHERN TELEPHONE COMPANY
3.	STREET 6655 REDGEWOOD AVE. SUITE#204 CITY COCOA BEACH, TEXANDEL STATE & ZIP CODE FL. 32931
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:
DO	UMENTATION: Attach proof that articles of incorporation have beenfiled 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:
	ADDRESS

	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. WHO	PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL IS RESPONSIBLE FOR COMMISSION CONTACTS:
	NAME: ANDREW HAPENTA
	TITLE: OPERATION MANAGER - TECHNICIAN
	PHONE: (407) 784-9221
SHAR	HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY EHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY PHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES 'E AND CANCELED PAY TELEPHONE CERTIFICATES.
	NO
	IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE IFICATE HOLDER AND CERTIFICATE NUMBER.
8.	LIST THE STATES IN WHICH THE APPLICANT
	A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.
	MONE NONE
	(AT THE MOMENT)

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

NONE, AT THE MOMENT, THIS IS THE FIRST APPLIANCE. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES. DONE HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES. NONE 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.

	10.	PLEASE CHECK √ THE SERVICES THAT WILL BE PROVIDED:			
		LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE			
3.		PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT NS TO PLACE IN THE FIRST YEAR: INSTRUMENTS THE APPLICANT PLAN 7, PLAN 7-21 OR SO, TOTAL FIRST YEAR,			
	STATE OF THE	HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PHONE? √			
		PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER DESCRIBE			
		ANDREW LAPENTA -> MY OPERATIONS MANAGER TECHNE WILL WORK PART-TIME OR AS NEEDED TO ENSU THE PHONES DE SERVICED & MAINTACNED PROPERLY.			
	PRO	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL VIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS OXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.			

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.)
_	

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/CHIFF OFFICER OF APPLICANT)

DATE: 4/23/98

APPLICANT ACKNOWLEDGMENT

Applicant _	INTHONY J. LAPENTA
	ledge receipt and understanding of the Florida Public Service Rules and Requirements relating to my provision of Pay rvice.
Signature: _	Totlay J. Lent
Title: _	OWNER
Date: _	4/23/98

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.

PILEASE READIN

FLORIDA PUBLIC SERVICE COMMISSION Info on the enclosed Application Form Certificate to Provide Pay Telephone Service Within the State of Florida

- The attached application form is used for an original application for a certificate to provide pay telephone service within the State of Florida.
- The completed application plus two copies and a \$100 non-refundable application fee, along with the enclosed Applicant Acknowledgment Card has to be submitted before the processing will begin.
- If the answer to question #2 on the application is a Fictitious Name or Corporate Name, documentation from the Secretary of States office must accompany your application.
- Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.
- When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process.
- Use a separate sheet for each answer which will not fit the allotted space.
- If you have any questions about completing the form, contact the Certification Section at (850) 413-6556.
- Once completed, the original plus two (2) copies of the attached application, along with \$100 application fee, are to be submitted to:

Florida Public Service Commission
Betty Easley Eldg, c/o Records & Reporting
2540 Shumard Oak Boulevard
Capital Circle Office Center
Tallahassee, FL 32399-0850



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 10, 1998

SOUTHERN TELEPHONE CO. 6655 RIDGEWOOD AVE SUITE #204 COCOA BEACH, FL 32931

Subject: SOUTHERN TELEPHONE CO.

REGISTRATION NUMBER: G98099000049

This will acknowledge the filing of the above fictitious name registration which was registered on April 9, 1998. 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. 098A00019237

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APR 2 7 1998

	FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION			
I.	LEGAL NAME OF THE APPLICANT ANTHONY	<u>.</u> L	AFEDTA	
2.	SOUTHERN TELEPHONE COMPANY		s	
3.	STREET 6655 REDGEWOOD AVE. S CITY COCOA DEACH, ALAGARIA STATE & ZIP CODE FL. 32931	3u∓ -	TE#204	
4.	TYPE OF ORGANIZATION (CHECK ONE) ✓ A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME: DOCUMENTATION: No other documentation needed.	ţ	1	
	B. PARTNERSHIP: DOCUMENTATION: Attach a copy of the partnership agree name and address of all partners.) , and a list with the	
DOC	C. CORPORATION: CUMENTATION: Attach proof that articles of incorporation Florida Secretary of State's Office. If incorporated outside from the Florida Secretary of State that applicant has auth Florida and provide name and address of Florida Register	of Flo ority t	orida, attach proof to operate in	
Pay to the order of Finance Humanian Planting Portal Figure 1988	D AVE., SUITE 204 4 - 23 - 98			