	FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION	
	LEGAL NAME OF THE APPLICANT Cannon Telephone Company	
	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS	
	Cannon Telephone Company	
	ADDRESS OF THE APPLICANT(S)	
	STREET 5521 Greenville, Suite 104	
	CITY Dellas	
	STATE & ZIP CODE TX. 75206	
	TYPE OF ORGANIZATION (CHECK ONE) √	
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER	
	DOCUMENTATION: No other documentation needed	
	B. PARTNERSHIP:	
	DOCUMENTATION: Attach a copy of the partnership agreement, and a list with name and address of all partners.	th the
	C. CORPORATION	
000	CUMENTATION: Attach proof that articles of incorporation have beenfiled with Florida Secretary of State's Office. If incorporated outside of Florida, attach p from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.	th the proof
	NAME: CT Corporation System	F .
	ADDRESS 1200 S. Pine Island Rood	21
	Plantation, 7L 33324	

06931 WL-I #

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I PSH-SECONDATING

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

NAME:	Dan Cutrer
TITLE:	General Counsel, Sec Treas.
PHONE:	214-369-4334 (Direct) 214-373-2000 (Switchboord)
	ICANT 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 CANCELED PAY TELEPHONE CERTIFICATES.

NO

 IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

8. LIST THE STATES IN WHICH THE APPLICANT.

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

Tutas, Wisconsin, Minnesota, Tennessee

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R5.93) REDURED BY COMMISSION RULE NO. 25-24 511

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9. PLEASE INDICATE IF ANY OFFICERS OF THE CORFORMATION. 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.

an Cutrer, Chapter 7 Personal, 1990 90 - 33932 - SA7 - 7, Northam District of Type 10/12/90

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-93) REQUIRED BY COMMISSION RULE NO 25-24 511

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a

LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE

0 & Inmate Dutbound Collect

Call ou

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 00 10 70

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

PERSONALLY	0
FULL-TIME TECHNICIAN	0
PART-TIME TECHNICIAN	
SERVICE/REPAIR/MAINTENANCE CONTRACT	-
OTHER DESCRIBE	C

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

NO. Immate Telephone Service. weask for a Waiver of this rule.

FORM PUBLIC SERVICE COMMISSION/ONU 32 (R3-93) REQUIRED BY COMMISSION RULE NO. 25-24 511

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.)

requested & allowed Manag

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/CHIEF OFFICER OF APPLICANT)

DATE: 6/26/98

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-93) REDURED BY COMMISSION RULE NO. 25-24 511



Cannon Telephone ( Applicant

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

Signature:	- On the
Title:	Ser. Treas, General Coursel
Date:	6/26/98

#### 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.

·	DEPOSIT ONTE 980806-TO OATTACHMENT B
	D 8 0 3 4 JUL 0 1 1998
	FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION
L	LEGAL NAME OF THE APPLICANT Cannon Telephone Company
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	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER ( ) OWN NAME:
	DOCUMENTATION: No other documentation needed
	B. PARTNERSHIP:
4	DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.
	C. CORPORATION:
DC	OCUMENTATION: Attach proof that articles of incorporation have beenfiled with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof
CANING	ON TELEPHONE COMPANY 6-96 BANK ONE, TEXAS, NA - NO. 41436
	ENVILLE, STE 104-870 PH. 214-373-2000 DALLAS, TX 75208 Check Number
	ne hundred and 00/100 dollars 6/26/1995 \$100.00
PAY To The Order Of	Florida Pub Serv Comm
Applica	Florida Pub Serv Comm Records & Reporting 2540 Shumard Oak Blvd. Tallahassee, FL 32399 ation Fee, Pay Telephone Service

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 29, 1998

#### CT CORPORATION SYSTEM ATTN: JEFF BUTTERFIELD

Qualification documents for CANNON TELEPHONE COMPANY were filed on June 29, 1998 and assigned document number F98000003698. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internai Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (850) 487-6091, the Foreign Qualification/Tax Lien Section.

Lee Rivers Document Specialist Division of Corporations

Letter Number: 298A00035357

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

JUN-24-1998 14:41	CT CORP	214 754 0921 P.01/03
APPLICATION BY	FOREIGN CORPORA	ATION FOR AUTHORIZATION
T	RANSACT BUSINESS	S IN FLORIDA
IN COMPLIANCE WITH SEC	TION 607.1503, FLORIDA	STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER	A FOREIGN CORPORATI	ON TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:		
1. <u>Cannon</u> (Name of corporation: must inclu- abbreviations of like import in lar or partnership if not so contained	iquage as will cleany indicate the	Pa. My "COMPANY", "CORPORATION", or words or at it is a corporation instead of a natural person
2. Texas		3. 75-2442-788 (FEI number, if applicable)
(State or country under the law of 4. <u>4/22/92</u> (Date of incorporation) 6. Qugsst, 194	5 Perpetual	(FEI number, if applicable)
0		1 607 4600 and 817 465 ES)

(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

le, Suite 104 7. 20 :2 114 62 IIIL 86 (Current mailing address) Dosiness nurposer 8. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent:

Name: C T CORPORATION SYSTEM

Office Address: \_\_\_\_\_\_ C/o C T Corporation System, 1200 South Pine Island Road

Plantation Florida, 33324 (Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

t CORPORATION SYSTEM (Registered agent's signature) (Officer) RANCY A. SHELLEY SPECIAL ASSISTANT SECRETARY (Type Name and Title of Officer)



11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

M Chairman: n Suite lok Address: 7 5 Directa Chairmon 552 Address: Director: Suiteday Address: 0 7520 6 w.c Director: ouite 55 Address: 520 7

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: 0/a 5521 Green ville, Suite low Address: 2520 Wh. Sandlin Vice President: Suite 104 Address: 5 00 75201 821 Secretary: 5 Greenville, Suite 104 5521 Address: helles, TX. 75206

(FLA. 2189 - 1/6/98)

-	JUN-24-1998	14:41	CT CORP			214 754 0921	P.03/03
		Treasurer:	Dan	autrer	0		
		Address:	552	Greenville	S. ite	104	
				s, TY. 7520		,	
	NOTE: If r and/or direct		mayattach	an addendum to the	applicatio	n listing addition	al officers
	13. (Signatu	ire of Chairma	n, Vice Chair	man, or any officer l	isted in nu	mber 12 of the	
	application			Secretary.			
	(Typed	or printed nam	e and capaci	ty of person signing	application	1)	

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IT IS HEREBY CERTIFIED that Articles of Incorporation of

CANNON TELEPHONE COMPANY File No. 1228780-0

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on June 26, 1998.

Alberto R. Gonzales Secretary of State

DAE