

# AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET  
P.O. BOX 391 (ZIP 32302)  
TALLAHASSEE, FLORIDA 32301  
(850) 224-9115 FAX (850) 222-7560

RECEIVED  
AUG 25 1998  
REC'D  
RECORDS

August 24, 1998

98/065-TC

## VIA HAND DELIVERY

Ms. Blanca S. Bayo, Director  
Division of Records and Reporting  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

Dear Ms. Bayo:

Enclosed is the original and two copies of ALLTEL Florida, Inc.'s Application for a Pay Telephone Certificate. Also enclosed is the \$100 application fee.

Please acknowledge receipt and filing of the above by stamping the duplicate copy of this letter and returning the same to this writer.

Thank you for your assistance in this matter.

Sincerely,

J. Jeffrey Wahlen

RECEIVED & FILED

FLORIDA BUREAU OF RECORDS

JJW/jh  
Enclosure

Check received with filing and  
forwarded to Fiscal for deposit.  
Fiscal to forward a copy of check  
to RAR with proof of deposit.  
Initials of person who forwarded check:  
JW

DO NOT WRITE IN THESE SPACES

19225 AUG 25 1998

981065-TC

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT ALLTEL Florida, Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS \_\_\_\_\_

ALLTEL Florida, Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET 206 White Avenue Southeast

CITY Live Oak

STATE & ZIP CODE Florida 32060

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 ALLTEL Florida, Inc.

ADDRESS 206 White Avenue SE

Live Oak, FL 32060

3225 AUG 25 88

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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: Harriet Eudy

TITLE: Manager, State Regulatory Matters

PHONE: (904) 364-2517

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 CANCELED PAY TELEPHONE CERTIFICATES.

NO

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

N/A

8 LIST THE STATES IN WHICH THE APPLICANT

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

N/A

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

NO

---

---

---

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.

NO

---

---

---

9. 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.

N/A

---

---

---

---

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK  THE SERVICES THAT WILL BE PROVIDED

- |                 |  |
|-----------------|--|
| LOCAL           | <input checked="" type="checkbox"/>                                |
| LONG DISTANCE   | <input checked="" type="checkbox"/>                                |
| COIN            | <input checked="" type="checkbox"/>                                |
| CALLING CARD    | <input checked="" type="checkbox"/>                                |
| CREDIT CARD     | <input checked="" type="checkbox"/>                                |
| OTHER, DESCRIBE | <input checked="" type="checkbox"/> <u>Smart Card/Prepaid Card</u> |
- 

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 25-50

---

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

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| PERSONALLY                          | <input type="checkbox"/>            |
| FULL-TIME TECHNICIAN                | <input checked="" type="checkbox"/> |
| PART-TIME TECHNICIAN                | <input checked="" type="checkbox"/> |
| SERVICE/REPAIR/MAINTENANCE CONTRACT | <input checked="" type="checkbox"/> |
| OTHER DESCRIBE                      | <input type="checkbox"/>            |
- 
- 
- 

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

YES

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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.)

YES

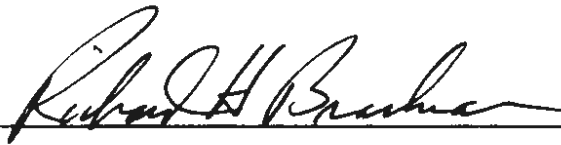
---

---

---

---

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: 8-3-98

**APPLICANT ACKNOWLEDGMENT**

**Applicant** ALLTEL Florida, 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:** 

**Title:** President

**Date:** August 3, 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.**



# State of Florida



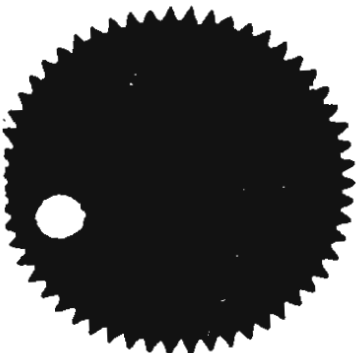
## Office of Secretary of State

*J. R. A. Gray, Secretary of State of the State of Florida,*  
do hereby certify that the above and foregoing is a true and correct copy of

Certificate of Incorporation of NORTH FLORIDA TELEPHONE  
COMPANY, a corporation organized and existing under the  
Laws of the State of Florida, filed on the 4th day of  
December, A. D., 1953, as shown by the records of this  
office.

*Given under my hand and the Great Seal of  
the State of Florida at Tallahassee, the Capital,  
this the 4th day of December  
A. D. 1953.*

*J. R. A. Gray*  
Secretary of State





ALTEL Florida, Inc.  
P.O. Box 550 • Live Oak, Florida 32060  
(904) 382-2808

ARTICLES OF INCORPORATION  
ADMENDMENT REFERENCE

	Page
July 19, 1967	544 - 545
September 6, 1967	547
January 31, 1984	903

# AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

DEPOSIT

DATE

D834

AUG 26 1998

227 SOUTH CALHOUN STREET

P.O. BOX 391 (ZIP 32302)

TALLAHASSEE, FLORIDA 32301

(850) 224-9118 FAX (850) 222-7560

August 24, 1998

## VIA HAND DELIVERY

Ms. Blanca S. Bayo, Director  
Division of Records and Reporting  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

Dear Ms. Bayo:

Enclosed is the original and two copies of ALLTEL Florida, Inc.'s Application for a Pay Telephone Certificate. Also enclosed is the \$100 application fee.

Please acknowledge receipt and filing of the above by stamping the duplicate copy of this letter and returning the same to this writer.

Thank you for your assistance in this matter.

Sincerely,

98 AUG 26 AM 7:53  
Date Received  
5/15  
Trans-1162  
5/18  
P.L. ...  
D.V. ...  
CUT -

**AUSLEY & McMULLEN**  
ATTORNEYS AND COUNSELORS AT LAW  
P.O. BOX 391  
TALLAHASSEE, FLORIDA 32302

**Capital City Bank**  
63-68/631

TALLAHASSEE, FLORIDA

027450

NO. DATE VENDOR NO.  
027450 08/25/98 FPSC

PAY ONE HUNDRED AND 00/100 DOLLARS\*\*\*\*\*

AMOUNT  
\*\*\*\*\*100.00

TWO SIGNATURES REQUIRED \$1,000.00 OR MORE

TO THE ORDER OF

FLORIDA PUBLIC SVC. COMM.  
2540 SHUMARD OAK BLVD.  
TALLAHASSEE, FL.  
32399-0870