ORIGINAL

------------------------------●------------
From: Barbara Bailey
To: Linda Williams
Subject: fwd: Dkt. No. 981046

===NOTE===============8/28/98=11:15am==

Docket title needs to be changed to
read:

Application for certificate to provide
pay telephone service by Jeffrey
William Wilhelm d/b/a Gecko Public Pay
Phones.

I will be sending you new replacement
sheets for the application and have
filed the CASR.

Thanks!

Fwd=by:=Linda=William==================
Fwd to: Barbara Bailey
. . . .
Ok, we have the replacement pages.
Thanks.

ACK _____
AFA _____
APP _____
CAF _____
CMU _____
CTR _____
EAG _____
LEG _____
LIN _____
OPC _____
RCH _____
SEC __1___
WAS _____
OTHPage_Cy Nonnye_

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT **JEFFREY William WiLHELM**

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS **GECKO PUBLIC PAY PHONES**

3. ADDRESS OF THE APPLICANT(S)

    STREET **7722 S.W. 24TH AVENUE**

    CITY **GAiNESViLLE**

    STATE & ZIP CODE **FLORiDA 32607**

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: **NOT APPLiCABLE**

    ADDRESS_____

    _____

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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: *JEFFREY WILLIAM WILHELM*

TITLE: *OWNER / OPERATOR*

PHONE: *1 - 352 - 333 - 3195*

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.

NOT APPLICABLE

8.   LIST THE STATES IN WHICH THE APPLICANT

A.   IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

NONE