



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: October 5, 1998

TO: Blanco Bayo, Director, Division of Records and Reporting

FROM: Toni J. McCoy, Regulatory Analyst, Division of Communications

SUBJECT: Docket No. 981066-TC, Bennett Telecommunications Company

Please exchange the current Attachment B of the above PATS application file with the enclosed revised Attachment B and change the necessary addresses in the Master Communications Directory.

Thank you.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CHM _____
- CTR _____
- EAJ _____
- LEJ _____
- LEK _____
- REJ _____
- SC 1 _____

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DOCUMENT NUMBER DATE

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PRINTING

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT BENJAMIN C. BENNETT JR.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

BENNETT TELECOMMUNICATIONS COMPANY

3. ADDRESS OF THE APPLICANT(S)

STREET PO BOX 12195

CITY TALLAHASSEE,

STATE & ZIP CODE FLORIDA 32317-2195

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: _____

ADDRESS _____