

DEPOSIT  
D029

DATE  
NOV 04 1998

APPLICATION

981531-TC

1. Name of company;

4 GEES COMMUNICATION INC

2. Name under which applicant will do business (fictitious name, etc.):

4 GEES COMMUNICATION INC

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

7941 PRESERVATION ROAD  
TALLAHASSEE, FLORIDA 32312

4. Florida address (including street name & number, post office box, city, state, and zip code):

7941 PRESERVATION ROAD  
TALLAHASSEE, FLORIDA 32312

98 NOV 4 PM 1:57  
MAIL ROOM

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other, \_\_\_\_\_

6. **If incorporated in Florida**, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: 998000093178

Check to level with Florida  
forwarded to Florida  
Fiscal to federal  
to RAR

A-9

## APPLICATION

\*\* FLORIDA PUBLIC SERVICE COMMISSION \*\*

981531-TC

DIVISION OF COMMUNICATIONS  
BUREAU OF SERVICE EVALUATIONAPPLICATION FORM  
for  
AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE  
WITHIN THE STATE OF FLORIDAINSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgement Card, and a non-refundable application fee of \$100.00 to:

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6770

- ◆ If you have **questions about completing the form, contact:**

Florida Public Service Commission  
Division of Communications  
Bureau of Certification and Evaluation  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850  
(850) 413-6600

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 filed this application: *A.J.*

# APPLICATION

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5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other, \_\_\_\_\_

6. **If incorporated in Florida**, provide proof of authority to operate in Florida:

(a) **Florida Secretary of State Corporate registration number:** P98000013178

## APPLICATION

7. **If using fictitious name-d/b/a**, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:

(a) **Florida Fictitious Name registration number:** \_\_\_\_\_

8. **F. E. I. Number** (if applicable): (Will submit as soon as I get one.)

9. **If individual**, provide; N/A

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Internet E-Mail Address:** \_\_\_\_\_

**Internet Website Address:** \_\_\_\_\_

10. **If applicant is a partnership**, provide name, title and address of all partners and a copy of the partnership agreement. N/A

a. **Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

# APPLICATION

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

b. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

1. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name: JAMES O GILBERT

Title: PRESIDENT

Address: 7941 PRESERVATION ROAD

City/State/Zip: TALLAHASSEE, FLORIDA 32312

Telephone No.: (850) 893-8288 Fax No.: (850) 893-8288

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(b) Official Point of Contact for the ongoing operations of the company:

APPLICATION

Name: JAMES O. GILBERT
Title: PRESIDENT
Address: 7941 PRESERVATION ROAD
City/State/Zip: TALLAHASSEE / FLORIDA / 32312
Telephone No.: (850)893-8288 Fax No.: (850)893-8288
Internet E-Mail Address:
Internet Website Address:

(c) Complaints/Inquiries from customers:

Name: JAMES O. GILBERT
Title: PRESIDENT
Address: 7941 PRESERVATION ROAD
City/State/Zip: TALLAHASSEE / FLORIDA / 32312
Telephone No.: (850)893-8288 Fax No.: (850)893-8288
Internet E-Mail Address:
Internet Website Address:

12. Indicate if applicant or any subsidiary, partner, officers, director, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation. N/A

Four horizontal lines for providing an explanation.

## APPLICATION

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number. **NO**

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14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not. **NO**

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15. List the states in which the applicant:

a. Is currently providing pay telephone service: **N/A - (NO)**

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## APPLICATION

b. Has applications pending to be certificated as a pay telephone provider: **NO**

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c. Has been denied authority to operate as a pay telephone provider. Explain circumstances. **NO**

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d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances: **NO**

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16. 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 type="checkbox"/>

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# APPLICATION

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 9

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

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

19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)

(✓) Yes ( ) No

Explain: \_\_\_\_\_


20. Will each of the pay telephones to be installed 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 ( ) No

**\*\* APPLICANT ACKNOWLEDGEMENT STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of **\$100.00** must be submitted with the application.

**UTILITY OFFICIAL:**

 _____ Signature	<u>11/4/98</u> _____ Date
<u>PRESIDENT</u> _____ Title	<u>(850) 893-8288</u> _____ Telephone No.

Address: 7941 PRESERVATION ROAD  
TALLAHASSEE, FLORIDA 32312  
\_\_\_\_\_  
\_\_\_\_\_

Fax No. (850) 893-8288  
\_\_\_\_\_

**ATTACHMENTS:**  
A - Affidavit  
B - Applicant Acknowledgment

**AFFIDAVIT**

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$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 in the application within 10 days of the change.

**Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083."**

UTILITY OFFICIAL:

James O. Gilbert

Signature:

11/4/98

Date

JAMES O. GILBERT

Printed Name:

PRESIDENT

Title:

(850) 893-8288

Fax No.

Address:

7941 PRESERVATION ROAD  
TALLAHASSEE, FLORIDA 32312

**APPLICANT ACKNOWLEDGEMENT**

**Applicant:** JAMES O. GILBERT (4 GEES COMMUNICATION  
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:** James O. Gilbert **Date:** 11/4/98  
**Printed Name:** JAMES O. GILBERT  
**Title:** PRESIDENT

**Address:** 7941 PRESERVATION ROAD  
TALLAHASSEE, FLORIDA 32312

**Telephone No.** (850) 893-8288  
**Fax No.** (850) 893-8288

**THIS ACKNOWLEDGEMENT FORM 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.**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 3, 1998

JAMES O. GILBERT  
7941 PRESERVATION ROAD  
TALLAHASSEE, FL 32312

The Articles of Incorporation for 4 GEES COMMUNICATION INC were filed on November 3, 1998 and assigned document number P98000093178. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

**PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.**

**A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.**

**A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.**

**SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.**

Should you have any questions regarding corporations, please contact this office at the address given below.

Doris McDuffie, Corporate Specialist Supervisor  
New Filings Section

Letter Number: 598A00053597

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of 4 GEES COMMUNICATION INC, a Florida corporation, filed on November 3, 1998, as shown by the records of this office.

The document number of this corporation is P98000093178.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Third day of November, 1998



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State

DEPOSIT DATE  
D029 NOV 04 1998  
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- Florida address (including street name & number, post office box, city, state, and zip code):  
7941 PRESERVATION ROAD  
TALLAHASSEE, FLORIDA 32312

5. Structure of organization:

( ) Individual                      (X) Corporation  
 ( ) General Partnership            ( ) Limited Partnership

JAMES O. GILBERT  
2772 FARINGDON DRIVE  
TALLAHASSEE, FL 32303

1363

DATE 11/4/98

63-8258/2631

PAY TO THE ORDER OF

Public Service Commission \$ 100.00

One-Hundred & 00/100

DOLLARS Security features included on back.

SCORE FEDERAL P.O. BOX 108 2631  
TALLAHASSEE, FL 32302  
TELEPHONE (904)488-1015

FOR Application Fee

James O. Gilbert

rate in Florida:

number: 998000093178

ived with filing and  
o Fiscal for deposit.  
rward a copy of check  
n proof of our unit.

erson who forwarded check: