| 5 <b>.</b> | DATE DATE MAR 0 8 1999  | CP287-TC<br>ATTACHMENT  |
|------------|---|---|
|            | DOACA   |   |
|            | FLORIDA PAY TELEPHONE CERTIFIC  |   |
| I.         | LEGAL NAME OF THE APPLICANT A& V  | CONVENIENCE   |
|            | STORE INC.,   |   |
| 2.         | NAME UNDER WHICH THE APPLICANT WILL   | DO BUSINESS A& 7  |
|            | CONVENIENCE STORE INC   | •   |
| 3.         | ADDRESS OF THE APPLICANT(S)   |   |
|            | STREET 12061 - 66TH STREET N  | JORTH.,   |
|            | CITY LARGO  |   |
|            | STATE & ZIP CODE FLORIDA - 337  | 13.   |
| 4.         | TYPE OF ORGANIZATION (CHECK ONE)  | r   |
|            | A. INDIVIDUAL DOING BUSINESS UNDER HI<br>OWN NAME:  | S/HER ()  |
|            | DOCUMENTATION: No other documentation nee   | eded.   |
|            | B. PARTNERSHIP:   | ( )   |
|            | DOCUMENTATION: Attach a copy of the partnersi<br>name and address of all partners.  | hip agreement, and a list with th   |
|            | C. CORPORATION:   | in  |
| DO         | CUMENTATION: Attach proof that articles of incor<br>Florida Secretary of State's Office. If incorporated<br>from the Florida Secretary of State that applicant<br>Florida and provide name and address of Florida | outside of Florida, attach proof<br>has authority to operate in   |
|            | NAME:   |   |
|            | ADDRESS   | ( )).<br>   |
|            |   |   |
|            |   | DOUMENT MUMPED-DATE   |
|            | PUBLIC SERVICE COMMESSION/CHU 22 (R3-63) 9<br>RED EY COMMESSION RULE NO. 25-24.511 9  | DOCUMENT NUMBER-DATE  |
|            |   | FPSC-RECORDS/REPORTING  |
|            |   | A CONTRACTOR OF |

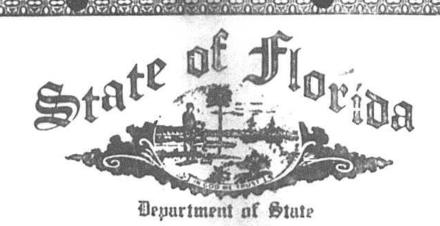
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I certify from the records of this office that A.Y. CONVENIENCE STORE, INC. is a corporation organized under the laws of the State of Florida, filed on November 25, 1991.

The document number of this corporation is S96380.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1996, that its most recent annual report was filed on May 1, 1996, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.



CR2EO22 (2-95)

Given under my hand and the Great Scal of the State of Florida, at Tallahassee, the Capitol, this the Twentieth day of May, 1996

Sendra B. Mortham

Sundra B. Mortham Secretary of State

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:  | MANOJ PATEL   |  |
|--------|---------------|--|
| TITLE: | PRESIDENT     |  |
| PHONE: | 727-535-9058. |  |
|        |               |  |

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.

| <ol> <li>IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND<br/>CERTIFICATE HOLDER AND CERTIFICATE NUMBER.</li> <li>8. LIST THE STATES IN WHICH THE APPLICANT:</li> </ol> | ERTIFICATE NUMBER.              |
|---|---------------------------------|
| 8 UST THE STATES IN WHICH THE APPLICANT   | HICH THE APPLICANT:             |
| 8. LIST THE STATES IN WHICH THE APPLICANT   | HICH THE APPLICANT:             |
| 8 LIST THE STATES IN WHICH THE APPLICANT  | HICH THE APPLICANT:             |
| 8 LIST THE STATES IN WHICH THE APPLICANT  | HICH THE APPLICANT:             |
| S. EIGT THE GTATES IN WHICH THE AFFEIGANT.  |                                 |
| A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.  | ROVIDING PAY TELEPHONE SERVICE. |
| NONE  | ONE                             |

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-83) REGURED BY COMMISSION RULE NO. 25-34.511

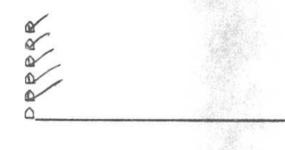
B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

| DENIED AUTHORITY | TO OPERATE AS A PAY |
|------------------|---------------------|
| <br>No.          |                     |
|                  | 462 B 2             |
| EGULATORY PENALT |                     |
| <br>NONE.        |                     |
| <br>NONE         |                     |
| <br>NONE         |                     |

NONE.

10. PLEASE CHECK √ THE SERVICES THAT WILL BE PROVIDED:

LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE



11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 5

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

| CE CONTRACT | 00000  |
|-------------|--|
|             |  |
|             |  |
|             | OU PLAN TO INSTALL<br>G DISTANCE CARRIEF<br>515(6), F.A.C. |
|             |  |
|             | PHONES WHICH Y   |

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.

13

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: 03-03-99

FORM PUBLIC SERVICE COMMISSION/CMU 32 (RS-83) REQUIRED BY COMMISSION RULE NO. 25-24.511



Applicant A.&Y. CONVENIENCE STORE, 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: | Manor Patel |  |
|------------|-------------|--|
| Title:     | PRESIDENT.  |  |
| Date:      | 03-03-99    |  |
|            |             |  |

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 the second sec |
|----------------|---|--|
|                | DATE  |  |
|                | DEPOSIT<br>D 0 9 8 MAR 0 8 1990   | ATTACHMENT B   |
|                | FLORIDA PAY TELEPHONE CERTIFICA   | TE APPLICATION   |
| ١,             | STORE INC.,   | ONVENIENCE   |
| 2-             | NAME UNDER WHICH THE APPLICANT WILL DO  | BUSINESS A&Y   |
| 3.             | ADDRESS OF THE APPLICANT(S)<br>STREET 12061 - 66 <sup>TH</sup> STREET NO<br>CITY LARGO<br>STATE & ZIP CODE FLORIDA - 33773                  |  |
| 4.             | TYPE OF ORGANIZATION (CHECK ONE) √<br>A. INDIVIDUAL DOING BUSINESS UNDER HIS/H<br>OWN NAME:<br>DOCUMENTATION: No other documentation needed |  |
|                | B. PARTNERSHIP:   | ( )  |
|                | DOCUMENTATION: Attach a copy of the partnership name and address of all partners.   | agreement, and a list with the ss  |
|                | C. CORPORATION:   | MBFR-<br>MAR-  |
| DOC            | CUMENTATION: Attach proof that articles of incorpo<br>Florida Secretary of State's Office. If incorporated ou                               | tside of Florida, attach proof   |
|                | A Y CONVENIENCE STORE INC<br>D/B/A RAINBOW FOOD MART<br>813-535-9058<br>12061 66TH ST. N.<br>LARGO, FL 34643-3635                           | 03-07-,99  |
| DAY TO THE FLO | RIDA PUBLIC SERVICE COMMISSIO   |  |
| ONEH           | UNDRED DOLLARS ONLY   | BOLLARS  |
| FOR APPLICATI  | ON FEE.   | PSC-RECORDS/REPORTING  |