

DEPOSIT: DATE
D111 # MAR 25 1999

1. Name of company or name of individual (not fictitious name or d/b/a):

K.C.I. Original, Inc.

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

3. Official mailing address:

Street: 1

P.O. Box: P.O. Box 513

City: Frostproof

State: FL Zip: 33843

4. Florida address:

Street: 193 W. Frostproof Baptist Church Rd

P.O. Box: P.O. Box 513

City: Frostproof

State: FL Zip: 33843

5. Structure of organization:

- () Individual
- (X) Corporation
- () General Partnership

DOCUMENT NUMBER-DATE

03899 MAR 25 99

FPSC RECORDS/REPORTING

KCI, INC.
P.O. BOX 513
FROSTPROOF, FL 33843

1033

PAY TO THE ORDER OF

Florida Public Service Commission

3-20 1999

\$ 100.00

one hundred only

DOLLARS

FIRST UNION
First Union National Bank of Florida
Lake Wales, Florida
24 Hour Information Service
1-800-735-1012

FOR application fee for PSPC certificate

Alie ElYaman

DEPOSIT

DATE

D111

MAR 25 1999

1. Name of company or name of individual (not fictitious name or d/b/a):

K.C.I. Original, Inc.

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

3. Official mailing address:

Street: 1

P.O. Box: P.O. Box 513

City: Frostproof

State: FL

Zip: 33843

4. Florida address:

Street: 193 W. Frostproof Baptist Church Rd

P.O. Box: P.O. Box 513

City: Frostproof

State: FL

Zip: 33843

5. Structure of organization:

() Individual

(X) Corporation

() General Partnership

() Limited Partnership

() Other: _____

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

Florida Secretary of State
Corporate Registration Number:

P97000045615

DOCUMENT NUMBER-DATE

03899 MAR 25 8 Page 2 of 10

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name
Registration Number: _____

NA

8. F.E.I. Number (if applicable):

59-3448152

9. If individual, provide:

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____

Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____

Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. Name: _____
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

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

a. The application:

Name: Adnan ELYaman
Title: president
Address: P.O. Box 513 / 193 W. Frostproof Baptist Church Rd.
City/State/Zip: Frostproof FL 33843
Telephone No.: 941 635 2303 Fax No.: 800 481 3671
Internet E-Mail Address: _____
Internet Website Address: _____

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: Adnan ELYaman / Alice ELYaman
Title: president / vice president
Address: P.O. Box 513 / 193 W. Frostproof Baptist Church Rd
City/State/Zip: Frostproof, FL 33843
Telephone No.: 941 635 2303 Fax No.: 800 481 3671
Internet E-Mail Address: _____
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, directors, 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. no.

If so, provide explanation: no

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

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or 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

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

none

b. Has applications pending to be certified as a pay telephone provider.

no

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, rules, or orders. Explain circumstances.

no

16. Please check (✓) the services that will be provided:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 500

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

PERSONALLY

FULL-TIME TECHNICIAN

PART-TIME TECHNICIAN

SERVICE/REPAIR/MAINTENANCE CONTRACT

OTHER (Describe) _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

Yes

No Explain: _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

Yes

No Explain: _____

APPLICANT FEE/TAX STATEMENT

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 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 the 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:

Adnan Elyaman
Print Name

president
Title

941 635 2303
Telephone No.

Address: P.O. Box 513
193 W Frostproof Baptist Church Rd
Frostproof, FL 33843


Signature

3-22-99
Date

800 481 3671
Fax No.

ACKNOWLEDGMENT

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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:

Adnan ELYaman

Print Name



Signature

president

Title

3-22-99

Date

941 635 2303

Telephone No.

800 481 3671

Fax No.

Address:

P.O. BOX 513

193 W. Frostproof Baptist Church Rd

Frostproof, FL 33843

****APPLICANT ACKNOWLEDGMENT****

Applicant: K.C. 1 Original Inc.

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Adnan Elyaman
Print Name


Signature

president
Title

3-22-99
Date

941 635 2303
Telephone No.

800 481 3671
Fax No.

Address: P.O. Box 513
~~Frostproof, FL~~
193 W. Frostproof Baptist Church rd.
Frostproof, FL 33843

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

State of Florida



Department of State

I certify from the records of this office that K.C.I. ORIGINAL INC. is a corporation organized under the laws of the State of Florida, filed on May 21, 1997.

The document number of this corporation is P97000045615.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1998, that its most recent annual report was filed on December 7, 1998, and its status is active.

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

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



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State