	D139 ** MAY 2
Official mailing address:	
Street: 140 Gulfstre	AM ST.
P.O. Box:	
	9
State: Flori 04	Zip: <u>34/45</u>
Florida address:	
	TREAM ST.
	AND
.O. DOX. THACE G IS TO	AN U
lity:	
State: Florion	
State: FloriDA	Zip: <u>3 4/45</u>
Structure of organization:	
State: FloriDA	
Structure of organization:	
Structure of organization: (*/ Individual	
Structure of organization: (Y) Individual () Corporation	

Form PSC/CMU-32 (02/99)

Required by Commission Rule Nos. 25-24.510 & 25-24.511 DOCUMENT NUMBER-DAT 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:
8.	F.E.I. Number (if applicable):
9.	If individual, provide:
	Name: FRANK KROPIK
	Title: Dwark
	Address: 140 Gulfstream ST.
	City/State/Zip: MARCO IS/AND, FL 34145
	Telephone No.: 94/-394-7032 Fax No.:
	Internet E-Mail Address: F KRAPIK @ GOI. COM
	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:

7.

		Internet Website Address:
10.	Partr	nership (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: FRANK KROPIK
		Title: Ow NeR
		Address: 140 6 a IFSTREAM ST.
		City/State/Zip: MARCO IS/ANO, FL 34145
	į	Telephone No.: <u>94/-394-7032</u> Fax No.:
4		Internet E-Mail Address: FKageil @ 201. com
		Internet Website Address:
	b.	Official Point of Contact for ongoing company operations including complaints and inquiries:
		Name: FRANK KROPIK
		Title: Owner
		Address: 140 Gulfstream ST
		City/State/Zip: Marco Island, FL 34145
		Telephone No.: 94/-394- 7032 Fax No.:
		Internet E-Mail Address: FKROPIK D aol. com
		Internet Website Address:

has felor	cate if applicant or any subsidiary, partner, officers, directors, or any stockholder been previously adjudged bankrupt, mentally incompetent, or found guilty of any ny or of any crime, or whether such actions may result from pending eedings.
if so	, provide explanation: <u>No</u>
	the applicant or any subsidiary, partner, officer, director, or any stockholder been granted or denied a pay telephone certificate in the State of Florida?
(This	s includes active and canceled pay telephone certificates.) If yes, provide anation and list the certificate holder and certificate number.
_ <i>N</i>	0
subs comp	e applicant or any subsidiary, partner, officer, director, or any stockholder a idiary, partner, or officer in any other Florida certificated pay telephone pany? If yes, give name of company and relationship. If no longer associated company, give reason why not.
Ne	
	

15.	List o	ther states in which the applicant:
	a.	Is currently providing pay telephone service.
	b.	Has applications pending to be certified as a pay telephone provider.
	c.	Has been denied authority to operate as a pay telephone provider. Explain circumstances.
	' d.	Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.
16.	Pleas	e check (/) the services that will be provided: (/) LOCAL (/) LONG DISTANCE (/) COIN (/) CALLING CARD (/) CREDIT CARD (/) OTHER (Describe) FRUL 9//

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

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 <u>seven percent</u> sales tax must be paid on intraand interstate revenues.
- **4. APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

FRANK KRODIK	Fronk Kropeh
Print Name	Signature
Duner	5/16/49
Title	Date
941-394-7032	
Telephone No.	Fax No.
Address: 140 6ulfsin	PAM ST- MARCO IS/AND, FL 34145
	•

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."

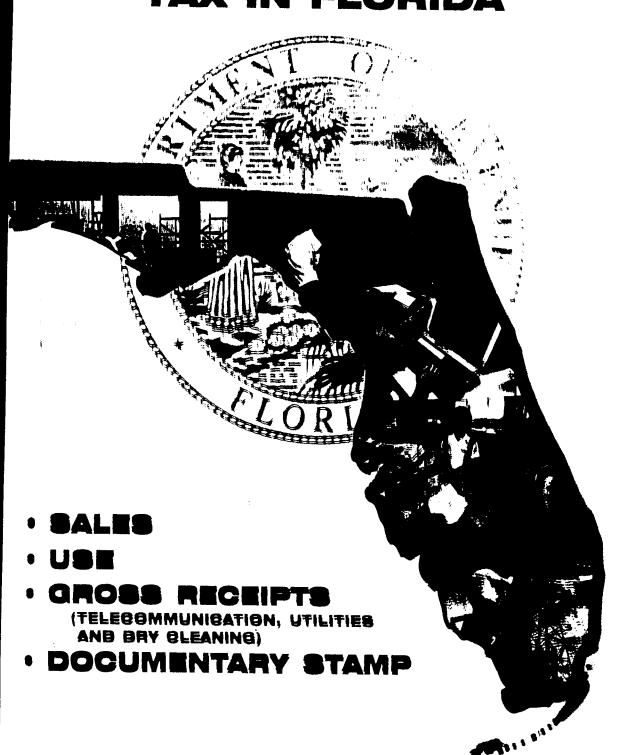
FRANK KROPIK Print Name Signature 5/16/89 Date 94/-394-7032 Telephone No. Fax No. Address: 140 Gulfstream ST. Marco Island, EL. 34145

APPLICANT ACKNOWLEDGMENT

Applicant: _	FRANK KRODIK	
		rstanding of the Florida Public Service relating to my provision of Pay Telephone
FRANK Print Name	KROPIK	Frank Kropel
Dung	<u> </u>	5/16/99
Title		Date
941-3	194-7031	
Telephone I		Fax No.
Address:	140 Gulf STREAM	ST HANCO ISLAND, FL 34148

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.

APPLICATION TO COLLECT TAX IN FLORIDA





APPLICATION TO COLLECT TAX IN FLORIDA

Information

Who must apply?

Any person or entity doing business in Florida that is subject to Florida sales tax; use tax; gross receipts tax on telecommunications, utilities or dry cleaning; or documentary stamp tax.

What if I am already doing business and have not applied?

The business owner should immediately visit the nearest Department of Revenue service center to properly register and remit any taxes or penalties due. A business owner who begins taxable business activity prior to applying is subject to a \$100 late registration fee, and may be delinquent and have a tax liability.

What is the registration fee?

The fee is not required if your business location is not in Florida. The rector dry cleaning is \$30. There is no fee required for any other tax.

When do I begin filing sales and use tax returns?

Tax returns must be filed for every collection period, beginning with the date your business opens. A return must be filed even if no tax was collected.

What if I am registering my own real property for living accommodation or commercial rental?

If you are the owner of the property, you must complete and sign this application.

What if I am managing property for others for the purpose of living accommodation or commercial rental?

If you are an agent who is registering multiple properties for management and rental, you may use form DR-1C, Application for Collective Registration for Rental of Living or Sleeping Accommodations. If you are registering any number of properties for commercial rental, you must use this form for each parcel of property.

When do I need to contact the Department of Revenue?

- To file this application
- · If you move
- · If you close your business
- · If you need assistance
- · If any information provided on this application changes

How do I contact the Florida Department of Revenue? You may visit, call or write to us at the following locations. Once you receive your account number, include it on any written correspondence. Registration and many other services are available at all locations.

Registration Information 5050 W. Tennessee Street Tallahassee, FL 32399-0100 850-488-9750

813-538-7400

Clearwater Service Center Arbor Shoreline Office Park 19337 US Hwy. 19 N, Ste. 200 Clearwater, FL 33764-3149

> Coral Springs Service Center Florida Sunrise Tower 3111 N. University Dr., Ste. 501 Coral Springs, FL 33065-5096 954-346-3000

Daytona Beach Service Center 125 N. Ridgewood Ave., Ste. 301 Daytona Beach, FL 32114-3286 904-254-3901

Fort Myers Service Center 2295 Victoria Ave., Ste. 270 Fort Myers, FL 33901-3851 941-338-2400

Gainesville Service Center 2610 NW 43rd St., Ste. 2A Gainesville, FL 32606-7415 352-955-2170

Hollywood Service Center Taft Office Complex 6565 Taft St., Ste. 400 Hollywood, FL 33024-4000 954-967-1000

Jacksonville Service Center 921 N. Davis St., Ste. A-250 Jacksonville, FL 32209-6829 904-359-6070

Key West Service Center 3118 Flagler Ave. Key West, FL 33040-4698 **Tax Information Services** 1-800-352-3671 (Florida Only) 850-488-6800

Service Center Locations

Lake City Service Center 2651 W. US Hwy 90 Lake City, FL 32055-3115 904-758-0420

Lakeland Service Center 230 S. Florida Ave., Ste. 401 Lakeland, FL 33801-5047 941-499-2260

Leesburg Service Center 734 N. 3rd St., Ste. 117 Leesburg, FL 34748-4463 352-360-6660

Marianna Service Center 4230 Lafayette St., Ste.D Marianna, FL 32446-3304 850-482-9518

Miami Service Center 8175 NW 12th St., Ste. 119 Miami, FL 33126-1831 305-470-5001

Naples Service Center Wilson Professional Center 3200 Bailey Lane, Ste. 150 Naples, FL 34105-8523 941-436-1050

Orlando Service Center 5420 Diplomat Circle Orlando, FL 32810-5605 407-623-1141

Panama City Service Center 651 W. 14th St., Ste. D Panama City, FL 32401-2271 850-872-4165 Hearing or Speech Impaired Assistance 1-800-367-8331 (TDD line)

Pensacola Service Center 3670-C North L Street Pensacola, FL 32505-5217 850-595-5170

Port Richey Service Center 6709 Ridge Rd., Ste. 300 Port Richey, FL 34668-6842 813-841-4407

Port St. Lucie Service Center 900 E. Prima Vista Blvd., Ste. 300 Port St. Lucie, FL 34952-2335 561-871-7620

Sarasota Service Center 240 S. Pineapple Ave., 6th Floor Sarasota, FL 34236-6725 941-361-6001

Tallahassee Service Center 2410 Allen Rd. Tallahassee, FL 32312-2603 850-488-9719

Tampa Service Center Sabal Park Office Ctr., Ste. 120 9503 Princess Palm Ave. Tampa, FL 33619-1378 813-744-6344

Titusville Service Center 1431 Chaffee Dr., Ste. 4 Titusville, FL 32780-4796 407-383-2751

West Palm Beach Service Center 2468 Metrocentre Bivd. West Palm Beach, FL 33407-5214 561-640-2800

1. Reason for filing this A	pplication:	DR-1
	n is for (check all that apply): (collecting tax on sales of merchandise/services) — Footiss	R. 11/97 Page 1
	only paying tax on items purchased tax-free that	
	your business) — No has	
Gross Rec	eipts Tax (Telecommunications and Utilities) — No 100	
	ary Stamp Tax — No fee	
Dry-clean	ing Sales Tax on Gross Receipts — Fee is \$30.00	weut.
B. This is for a (cl	· · · · · · · · · · · · · · · · · · ·	. K COTYELT
·	isiness — If so, is this your first time doing business in Florida	a? X Yes X No
=	nal location	
Change		
	nership Legal Entity or County Location; as of (en	ter date: MM-DD-YYYY)
	List old Sales and Use Tax Registration Number	
	sonal business, list your active business months. Opening	
2. Beginning of	MonthDay	Year / 1 7 7
Business Activity:	Date this business location became or will become liable to collect	
	property, report the date the location became taxable as a result of	he date your business became liable for the tax. For rental
	BUSINESS INFORMATION	
3. Business Name: business, tr	ade, or fictitious (d/b/a) name.	Business Telephone:
Louis	KARRIK	941-394-7032
4. Owner Name: legal name o	individual, principal partner, or corporation.	Owner Telephone:
		Gard Book Base
- PRANK	1 RODIK	9 4/- 394 - 70 5 2 a market/craft show FAX #:
vendors must use their home	e physical address of business or real property. Home-based businesses and fle address. A post office box or rural route number is <u>not acceptable</u> .	a markey craft show FAL #:
4 140 Gulf	STREAM ST.	
5. Business Location: complete vendors must use their home 140 Gulf City/State/ZIP: Marco Isa County: Collina	•	
Z MARCO TS	AND FLORIDA 34145	
County:		Is business located within city limits?
& Collier		Yes No
6. Mail to the Attention of:	COUNTY	Agent's Telephone:
<u> </u>		Agent's receptione:
- FRANK A	ROPIK	
Address: address where you	want us to mail your tax forms and correspondence. If an agent will be receiving	ng the rent, place the agent's business address in this section.
Address: address where you J40 641F City/State/ZIP:	STREAM ST.	
City/State/ZIP:	JIRPAR SI:	County:
		•
	1AND FL 34145	Collier County
Would you like to receive correspondence via e-mail?	E-mail address:	Website URL:
Yes No	FKRODIK Daol. COM	
7. If you have a Consolida	ted Sales Tax Number and want to link this business location	1. please complete the following:
	nentary stamp tax applicants)	" L
		8 0
Consolidated registration	name on record with the Florida Department of Revenue.	(Consolidated Sales Tax Number)
	consolidated number contact the Department and request Form L	DR-1CON.
8. Identification Number	(If a Federal Employer Identification Number is not required	for the entity, the Social Security Number of the owner will
be accepted. This number	er is required for purposes of identification in order to properly be disclosed to any other party.	·
FEIN FEIN	SSN	- .
		1 6 FEW Hat 189 at 1999 200 1040
If you do not have an F	EIN, is it applied for not required? To	apply for an FEIN, call the IRS at 1-800-829-1040.
	FOR DOR OFFICE USE ONI	Y DOR
MO QU SA AN SE	SIC Kind Code	Sales and Use Tax # Office Cod

D	R	•	

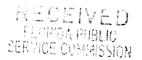
BUSINESS INFORMATION CONTINUED

9a.	Type of Organization - Check one box to enter the type of business. Listed are the definitions of business types: Corporation - A legal entity created by or under the authority of the laws of a state. Partnership - Two or more persons or entities that have entered into a voluntary contract. Trust - A legal entity created by a grantor for the benefit of designated beneficiaries under the laws of the state and the valid trust instrument Sole Proprietorship - An individual or individual and spouse. Professional Association - Any group of professional people organized to practice their profession together.						
	Other - Any other type of business entity. Please write in (e.g., government, civic organization). Corporation Partnership Trust Sole Proprietorship Professional Association						
	Other (explain)						
9Ь.	If corporation or partnership, provide fiscal year ending date MM DDD						
9c.	Are you an entity required to be registered with the Division of Corporations of the Florida Department of State? - Ye	s 🔲	No 🔀				
	If yes, provide your document/registration number:						
	If your corporation is not registered, you must attach a copy of your Articles of Incorporation as filed with the regulati your state.	ng aut	thority in				
	NATURE OF BUSINESS ACTIVITY						
10.	Describe your major (more than 50%) business activities that will be subject to tax (please be specific); PAYPHONE	PRI	Ovider				
			•				
70	OTE: Documentary stamp tax applicants should skip to question 40. All others must continue with	<u>uues</u>	rion !!				
11.	What are the products you purchase for resale to your customers or to be included in a finished product you manufact	ure?	U/A				
12.	What are your estimated annual receipts from taxable sales and/or rentals?						
	(check one) \$1,700 or less between \$8,000 and \$16,000 \$800,000 - up between \$1,700 and \$8,000 between \$16,000 and \$800,000	ė					
13.	Do you sell merchandise?		No 🗔				
13.	Wholesale (selling for resale purposes)? Ye		No =				
	Retail (selling to consumers)?		No				
14.	Do you rent living or sleeping accommodations for 6 months or less to individuals or businesses? Yes		No _				
	(This includes hotels, motels, time-shares, condominiums, apartments, and trailer parks.)						
15.	Do you rent commercial real property to individuals or businesses? Yes	s 🗌	No 🗔				
16.	Do you charge admission or membership fees? Yes	s 🗀	No 🗌				
17.	Do you rent equipment or other tangible personal property to individuals or businesses?	s 🔲	No 🗌				
18.	Do you provide any of the following services?						
	Pest control for nonresidential buildings Yes		No 🗌				
	Cleaning for nonresidential buildings Yes	s 🔲	No 🗌				
	Detective Yes		No 🗌				
	Protection Yes		No 🗔				
	Security alarm system monitoring Yes	3 🗌	No 🗔				
.—	AMUSEMENT/VENDING		<u>-</u> <u></u>				
	Do you generate sales and remove receipts from yending machines?		. 🗸				
	If yes, answer the questions in this block.						
	Food/Beverage vending machines?Yes	; 📙	No 📜				
	Vending machines for other products? Yes		No _				
20.	Do you sell food or beverages, wholesale to vending machine operators? Yes	3 🔛	No _				
21a.		:	No 🗔				
	21b. Do you have a written agreement that requires someone else to obtain		_				
	Amusement Machines Certificates for all of the machines? Yes		No 🔛				
22a.		; 📋	No				
	22b. Do you have a written agreement that requires you to obtain						
	Amusement Machines Certificates for any of the machines?Yes	; 🔲	No L				
	You must complete an Application for Amusement Machines Certificate (Form DR-18) if: • you answered NO to Question 21b and have amusement machines on your business location OR • you answered VES to Question 22b and lesse amusement machines						

.—			DR
	SOLID WASTE		Page
	On you sell tires or hatteries or rent/lease motor vehicles to others?	···· Y25	No 🗸
	If yes, answer the questions in this block.		
	Do you make retail sales of new tires for motorized vehicles (either separately or as a part of a vehicle)?	Yes	No _
	Do you make retail sales of new, used, or remanufactured lead-acid batteries sold separately or as a component part of another product?	V	No :
	Are you in the business of renting or leasing motor vehicles that transport less than nine passengers	Ies	NO
٠.	to individuals or businesses?	Yes	No [
			110
_	DRY CLEANING		
•	Do you own or operate a dry-cleaning plant in Florida?	· Yes	No 🖊
	If yes, answer the questions in this block.	—	
•	Do you use perchloroethylene in the dry-cleaning process?	Yes	No
	If you use perchloroethylene, enclose \$30 dry-cleaning registration fee. Do you produce or import perchloroethylene?	Vec	No =
•	If yes, complete an Application for Florida License to Produce or Import Taxable Pollutants (Form DR-166).	163	140
	MOTOR FUEL		
	Do you sell any type of fuel or use off-road diesel fuel?	Yes	\n \
	If yes, answer the questions in this block.		
	Do you (or will you) make retail sales of gasoline, diesel fuel, or aviation fuel at posted retail prices?	Yes	No =
	If yes to # 31, do you expect the sales of diesel fuel (as measured in gallons) to exceed the sales of gasoline?	Yes =	No _
	If yes to # 31, does this business exist as a marina?	Yes	NO L
	Registration Number for this location?	 Yes	No 🗀
	CONTRACTORS		
	Are you a contractor who improves real property?		\ \
	Do you most frequently operate as a prime contractor sub contractor? List the type of construction you perform (painting, electrical, etc.)		
	Do you operate under formal written contracts?	Yes	No _
	Other, please explain		
	Do you purchase any materials or supplies from vendors located outside of Florida?		No =
	Does your company have a current occupational license in any Florida county?		No _
	If yes, please list all the counties in which you are licensed and the corresponding license numbers	_	
		-	
	Do you fabricate/manufacture any building components at a location other than contract sites?	Yes	No _
	TELECOMMUNICATION/ENERGY	,	
	Do you provide telecommunication services, electrical power, or gas?	Yes	No
	If yes, answer the questions in this block.		
	Do you sell:	_	_
	a. Electrical power b. Natural or manufactured gas	· Yes	No 📜
	b. Natural or manufactured gas	· Yes	No =
	c. Pay phone service		No _
	d. 2-way cable television service		No _
	e. Telex, telegram, teletype service		No 📃
	f. Cellular or pagers service		No =
	g. Long distance (inter-exchange service)		No =
	h. Shared tenant utility service		No =
	i. Telephone service (local exchange)		
	j. Alternative access vendor service		No
	k. Other telecommunication services (By-Pass provider, etc.) Describe DAYDNONE DROVIDLE (IOCAL and IONG DISTANCE) Do you provide billing services to telecommunication service providers?	168 <u> </u>	No _
	Do you provide billing services to telecommunication service providers?	- Yes	No _
	To you provide our room to interpretation por reo provideror		

m m	
DR-1 Page 4	_
raye 4	
No	
No	
No No	
per, home formation.	
ne Number	
ry-7032	
-	
-	•
ersonal account	
ZIP	
No 🔽	
	
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d	
count for, and tion provided	

				DR-1
	DOCUMENT	ARY STAMPS		Page 4
Does your business include sale the Clerk of the Court, but do r If yes, answer the questions in this	equire documentary stam block.	ips to be affixed?		
 Is this application being completed to If no, and this application is for addit 		• -		
2. Do you anticipate five or more taxable	le transactions per month?			Yes No
3. Do you anticipate your average mont	hly tax remittance to be less th	an \$80 a month?		
4. Owner, Partner, Officer Informal address, and telephone number of the o				
Name and Title	Social Security Number	Home Address		Telephone Number
FRANK KROPIK (OWNER)		10 GWIFSTREAM ST	HARCO ISA FL. 34145'	941-344-7032
		•		
Business or Personal Banking Info	rmation:	G.// 330 das		Personal account Business account
South Trus T / Bank name ELKCAM C/Ac/e /A Bank street address	JAND	Account number where tax will	be deposited	Dustriess account
ELKCAM CIACLE A	MARIO ISLAND .	FL		34145
	Name:			
City/State/ZIP:				
Telephone Number: _				
Applicant Signature—	This Application Cann	ot Be Processed If Not Si	gned by the A	pplicant
nder penalties of perjury, I declare that I h	nave read the foregoing applica	ation and that the facts stated in	it are true.	
Frenk King	L	5-16-99		
Signature of the business or real property of	wner, partner, or principal corpora	_	• • • • • • • • • • • • • • • • • • • •	lication signed
Print or type the name signed above		OWNER	Title of signatory	
,	1		0 ,	
lease note that any person (including emp by any sales taxes and willfully fails to do the applicant is confidential as provided	so shall be liable for penalties	under the provisions of §213.29,	Florida Statutes.	All information provided
OTE: After signing, mail comple FLORIDA DEPARTMEN				
	FOR DOR OFF	TICE USE ONLY		
ocumentary Stamp Tax] мо По	u sa
ross Receipts Tax) [] 4	



FLORIDAYPUBLIC SERVICE COMMISSION

DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

APPLICATION FORM FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE WITHIN THE STATE OF FLORIDA

990658-7C

INSTRUCTIONS

- ♦ 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. If an item is not applicable, please explain.
- Use a separate sheet for each answer which will not fit within the allotted space.
- ♦ Once completed, submit the original and two (2) copies of this form 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 Service Evaluation 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6600

4.86

2.	Name under which applicant will do business (fictitious nam	e, etc.):	
		CEPUSIT	DATE
3.	Official mailing address: Street: 140 Gulfsiream ST.	D139 ***	
	P.O. Box:		
	City: MARCO ISLAND		
	State:		
4.	Florida address:		
	Street: 140 GalfSTREAM ST.		
•	P.O. Box: MARCO IS LAND		
	City:		
	State: <u>Florion</u> Zip: <u>34</u>		
5.	Structure of organization:		
	(Individual		
	() Corporation		
	() General Partnership		
	/ 11 imited Partnership	[وسعتم	
FRANK J K LENORA D	· · · · · · · · · · · · · · · · · · ·		
140 GULFSTRI MARCO ISLAN PH 941-394-70	Silver Service 63-1202/670 BRANCH 92614 5/9 1999 63-1202/670 BRANCH 92614 5/9 1999 63-1202/670 BRANCH 92614 5/9 1999 Dollars 1 1000 Do	⇒ in Florida:	
y to the	louda Public Service Communica \$ 10000		
One-	hundred and 100 months Dollars Dollars Dollars	DOCUM	ENT NUMBER-DAT
SouthTru	St Silver Service	Page 06	
	First X and M	II	