

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

ANDREW JAGGON

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

PACIFIC Payphones

970473-TC

3. ADDRESS OF THE APPLICANT(S)

STREET

6540 SW 10 St

CITY

NORTH LAUDERDALE

STATE & ZIP

FL 33068

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

\_\_\_\_\_

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

**APPLICANT ACKNOWLEDGEMENT CARD**

Applicant MIRIAM ELKINS

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

Signature Miriam Elkins

Title OWNER

Date APRIL 18 1997

**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.**

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT DEPOSIT DATE  
MIRIAM ELKINS D507 APR 21 1997

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS  
MIRIAM ELKINS OWNER

3. ADDRESS OF THE APPLICANT(S)  
STREET 3265 EMPEROR DR.  
CITY KISSIMMEE  
STATE & ZIP FLORIDA 34744

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 N/A  
ADDRESS \_\_\_\_\_

MIRIAM S. ELKINS

198

een registered with

April 15, 1997

Pay to the order of Florida Public Service Commission \$ 100 <sup>00</sup>/<sub>100</sub>  
One Hundred <sup>00</sup>/<sub>100</sub> Dollars

SouthTrust Bank

STEV SINK

paid telephone service certificate application Miriam S. Elkins