		AT	TACHMENT B
	FLORIDA PAY TELEPHONE CERTIFIC	ATE APPL	
L	LEGAL NAME OF THE APPLICANT DATATE	L, INC.	
	BRENT C. MACKENZIE	192 	980484-TC
2.	NAME UNDER WHICH THE APPLICANT WILL D	O BUSINESS	3
	DATATEL, INC.	DEPOSIT	DATE
3.	ADDRESS OF THE APPLICANT(S)	D748ª	APR 0 6 1998
	STREET 11575 MARSH WOOD LANE		RE SERVICE
	CITY FT. MYER'S		11 - 8 - 8 - 8
	STATE & ZIP CODE FLORIDA 33908		N R
4.	TYPE OF ORGANIZATION (CHECK ONE) √		1 20 21 20 21 20 21 20 21 20 21 20 21 20 21 20 21 20 21 20 21 20 21 20 21 20 21 20 21 20 21 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20
	A. INDIVIDUAL DOING BUSINESS UNDER HIS OWN NAME:	HER	1
	DOCUMENTATION: No other documentation need	ded	
	B. PARTNERSHIP:	í	1
	DOCUMENTATION: Attach a copy of the partnersh name and address of all partners.	ip agreement,	and a list with the
	C. CORPORATION:	L	T
DOG	CUMENTATION: Attach proof that articles of incorp Florida Secretary of State's Office. If incorporated from the Florida Secretary of State that applicant h Florida and provide name and address of Florida F NAME: BRENT C. MACKENZIE ADDRESS 5302 LADY FINGER LAKE ROA SANIBEL, FLORIDA 33957	outside of Flo as authority to Registered Ag	rida, attach proof o operate in

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FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-93) REQUIRED BY COMMISSION RULE NO. 25-24 511

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DOCUMENT OF STOLE OATE

03941 APR-68

FPSC-RECORDS/REPORTING

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: BRENT C. MACKENZIE				
TITLE:	PRESIDENT			
PHONE	941 267 6006.			

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.

N	0	 	

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

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

	NO
C.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY
TELEPHON	E PROVIDER. EXPLAIN CIRCUMSTANCES.

NO

D, HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES, EXPLAIN CIRCUMSTANCES.

NO

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

<u>NO</u>

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LOCAL	9
LONG DISTANCE	Q-
COIN	9
CALLING CARD	۵
CREDIT CARD	۵
OTHER, DESCRIBE	۵

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 10

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE? √

PERSONALLY	0
FULL-TIME TECHNICIAN	
PART-TIME TECHNICIAN	
SERVICE/REPAIR/MAINTENANCE CONTRACT	0
OTHER DESCRIBE	

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.

FORM PUBLIC SERVICE COMMISSION/CMU 32 (RS-87) REQUIRED BY COMMISSION RULE NO. 25-24.511

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.)

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FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-93) REQUIRED BY COMMISSION RULE ND: 25-24-511

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.

٩.

SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 3-31-98

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-83) REDURED BY COMMISSION RULE NO 25-24 511

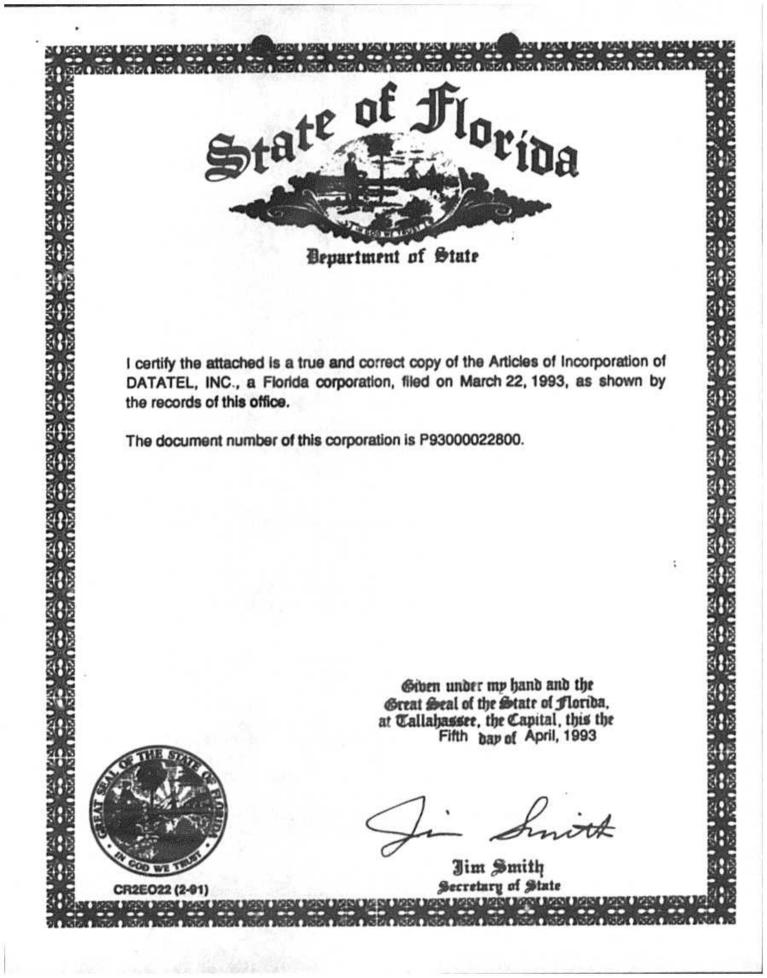


Applicant BRENT C. MACKENZIE DATATEL, INC.

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

relepitone	
Signature:	ful . Fil
Title:	PRESIDENY
Date:	3-31-98

#### 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 DEPARTMENT OF STATE Jim Smith Secretary of State

April 5, 1993

#### (2ND MAILING

B.C. (BRENT) MACKENZIE 5302 LADYFINGER LAKE ROAD SANIBEL, FL 33957

The Articles of Incorporation for DATATEL, INC. were filed on March 22, 1993, and assigned document number P93000022800. Please refer to this number whenever corresponding with this office.

Enclosed is the certification requested.

A corporation annual report will be due this office between January 1 and May 1 of next year. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4. -4/27/93

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

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

Loria Poole Corporate Specialist New Filings Section Division of Corporations

Letter Number: 493A00103099

Division of Compositions . DO ROY 6997 Mallahanna Florida 99914

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## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

LEGAL NAME OF THE APPLICANT DATATEL, INC.

BRENT C. MACKENZIE

- 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
  - DATATEL, INC. DEPOSIT DATE
- 3. ADDRESS OF THE APPLICANT(S) D748 M STREET 11575 MARSH WOOD LONE CITY FT, MYER'S

STATE & ZIP CODE FLORIDA 33908

- 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 beenfiled 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 page and attact and provide page.

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DATATEL, INC. 8782 ALICO RD. FORT MYERS, FL 33912	MARCH 31 10 98
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NationsBank of Florida, N.A. Sanibel, Florida	6/10
Application fee	for any