1.	LEGAL NAME OF THE APPLICANT John B. Forester and Karen
Contraction of the	M. Brown 980748-7
2	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Telcom of Central Florida
3.	ADDRESS OF THE APPLICANT(S)
	STREET 620 E. Church Street
	CITY Orlando
	STATE & ZIP CODE Florida 32801
	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:
000	UMENTATION: 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 name and address of Florida Registered Agent.
	NAME:
	ADDRESS
DOC	Florida Secretary of State's Office. If incorporated outside of Florida, attach p from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent. NAME:

## FLORIDA PARTELEPHONE CERTIFICA APPLICATION

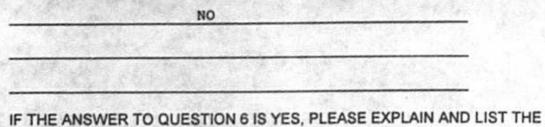
D. DOING BUSINESS UNDER A FICTITIOUS NAME: (×)

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

 PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME:	John E. Forester			
TITLE:	owner			
PHONE:	(407)843-3547	(407)980-8970	Phone and for Karen	M.Brown
i none.		one: (407)740-31		2130

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.



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

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

None

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R5-83) RECURED BY COMMISSION TULE NO. 25-24 511

## FLORIDA PARTELEPHONE CERTIFICATE APPLICATION

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

	None
C.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY IE PROVIDER. EXPLAIN CIRCUMSTANCES.
	None
	and the second
D, OLATION RCUMST	HAS HAD REGULATORY PENALTIES IMPOSED FOR IS OF TELECOMMUNICATIONS STATUTES, EXPLAIN ANCES.
263	None

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.

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C. S. and	Same and	and the state	Na Sang	C. Star	

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

## FLORIDA PARTELEPHONE CERTIFICA & APPLICATION

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

Q		
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8		
Ø		
đ		
0		ALL NEWS
	à ð	à à

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

10-20

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

PERSONALLY	2
FULL-TIME TECHNICIAN	۵
PART-TIME TECHNICIAN	(B)
SERVICE/REPAIR/MAINTENANCE CONTRACT	0
OTHER DESCRIBE	۵

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.

yes

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-93) -REQUIRED BY COMMISSION RULE NO. 25-34-511

## FLORIDA PARTELEPHONE CERTIFICATE APPLICATION

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

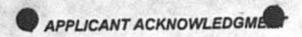
I. THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY. HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT, I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE. WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING 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.

Karen M. Brown

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

0-17-98 DATE:

FORM PUBLIC SERVICE COMMISSION/CMU 32 (R3-93) REQUIRED SY COMMISSION RULE NO. 25-24.511



I acknowledge receipt and understanding of the Florida Public Ser Commission's Rules and Requirements relating to my provision of Pay Telephone Service. Signature: Karen M. Monn Title: Owners	Applicant	John B.	Forester	and Karen	M. BIO	
Commission's Rules and Requirements relating to my provision of Pay Telephone Service.		A		entending	the Flor	ida Public Servic
Signature: Karen M. Brown	Tacknow	vieage rece	Poquirom	erstanding o	to my pro	vision of Pav
Signature: Karen M. Brown	Commission	's Rules and	Requireme	into relating	to my pro	
Signature. Proprietor	Telephone S	ervice.	Retting .			
Signature. Proprietor		111	AL	-		
Signature. Property C	Class to an	112	The second	Ka	en M	Brown
Title: owners	Signature:			1100		
Intie: / Owners	/	//	1			
	Title: /		owners		1. E. M.	The state of

Date:

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 Sandra B. Mortham Secretary of State

June 16, 1998

TELCOM OF CENTRAL FLORIDA 620 E. CHURCH STREET ORLANDO, FL 32801

### Subject: TELCOM OF CENTRAL FLORIDA

REGISTRATION NUMBER: G98167900030

This will acknowledge the filing of the above fictitious name registration which was registered on June 16, 1998. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (650) 488-9000.

Reinstatement Section Division of Corporations

Letter No. 798A00033417

Account number: 072100000032 Account charged: 50.00

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

	Telcom of Central Florida	FUED
	1. Fichtious Name to be Registered	FILED
-	620 E. Church Street	
Section	2. Mailing Address of Business	LEAPER HE FLORIDA
Dec		
	3. County of 3280	
	4. City of Orlando Fiorida Ze C	ode This space for office use only
Ē	A. Owner(s) of Fictitious Name If Individual(s) (use add	litional sheets if necessary):
	Forester, John B.	2. Brown, Karan M.
	620 E. Church Street	620 E. Church Street
	Or111888, FL 32801	Orlando, FL 32801
	City State Zip Code	City State Zip Cod
N	SSI	85#
Section	B. Owner(s) of Fictitious Name If Corporation(s) (use at	
2	1. Corporate Name	Corporate Name
	Address	Aodress
	City Blate Zip Code	City State Zip Co
	Corporate Document Number:	FEI Number:
1	FEI Number:	Applied for Not Applicab
_	in the second second second second and an execution in the second s	st in the above ficilitious name, certify that the information indic
Section 3	I (we) the undersigned, being the sole (att the) party(las) owning interest on this form is true and accurate. I (we) turther certify that the frictitiou once in a newspaper of defined in phapter 50. Florids Statutes, in the I (we) understand that the signature(s) below shall have the same leg (6-15-98) Statuted Owned 0 Date Phone Number 407-843-3547	Kanan M. Row 6-15-95 Bignature of Owner Date Phone Number:
	I (we) understand that the algoratore(a) ballow shall have the same leg	Kann M. Perom 6-15-98 Bignature of Owner Date Phone Number: 407-843-3547
Section	Phone Number 407-843-3547	Kann M. Room 6-15-98 Bignature of Owner Date Phone Number: 407-843-3547 PLETE SECTIONS 1 THROUGH 4:
	FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OWNERSHIP CHANGE COMP	Kann M. Room 6-15-98 Bignature of Owner Date Phone Number:
Section	FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OWNERSHIP CHANGE COMP I (we) the undersigned, hereby cancel the fictitious name	Karr M. Room 6-15-98 Signature of Owner Date Phone Number:
Section	Concerns a newspaper to a balance interest by we shall have the same leg Concerns the eigned rets) balance shall have the same leg Concerns the owner of the eigned rets) balance shall have the same leg Concerns the owner of the field of the same leg Delte Phone Number 407-843-3547 FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OWNERSHIP CHANGE COMP I (we) the undersigned, hereby cancel the fictitious name , which was registered registration number	Karr M. Recom 6-15-98 Eignature of Owner Date Phone Number:



June 17, 1998

#### VIA FEDERAL EXPRESS

Ms. Toni McCoy State of Florida Division of Communications Public Service Commission Capital Circle Office Center 1540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850

> RE: Florida Pay Telephone Certificate Application Telcom of Central Florida

Dear Ms. McCoy:

Enclosed please find the Florida Pay Telephone Certificate Application together with evidence of filing of fictitious name and \$100.00 filing fee.

Should you have any questions, please contact us. Thank you for your assistance in this regard.

Sincerely,

face m. Brow

Karen M. Brown 620 E. Church Street Orlando, Florida 32801 (407)843-3547 (407)647-2777 (work)

H:\karen\letter to Public Service Commission.doc

12.2

Shilling W.

· · ·	97 95 - JUN 1 8 1998 ATTACHMENT
	FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION
L	LEGAL NAME OF THE APPLICANT John B. Forester and Karen M. Brown
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS Telcom of Central Florida
3.	ADDRESS OF THE APPLICANT(S) STREET 620 E. Church Street
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	A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER ( ) OWN NAME:
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DOG	CUMENTATION: 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 name and address of Florida Registered Agent.
407-843-3	aurch Street
One Hu	ndred and 19/100: Bellerell me
SUNTRUST	IPperfolio Banking