

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Robert Lee  
Weaver

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS \_\_\_\_\_  
Communication Services of Sarasota, Inc

3. ADDRESS OF THE APPLICANT(S)  
STREET 226 S. Hernando Ave.  
CITY Arcadia  
STATE & ZIP CODE FL 34266

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: Robert Lee Weaver

ADDRESS 226 S. Hernando Ave.  
Arcadia, FL 34266

87 8 W 6. 700 86

NOT RECORDED DOCUMENT NUMBER DATE

DELETED 97252 JUL-98

RECORDED & INDEXED

# FLORIDA PAY TELEPHONE CERTIFICATE 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.

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

NAME: Robert Lee Weaver

TITLE: President

PHONE: 941-494-9301

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.

NO  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. 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.

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

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED 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, 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.

5-23-83 misdemeanor case # 83-1321-2-m1

Solicitation for Prostitution

100.00 fine + court costs

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK  THE SERVICES THAT WILL BE PROVIDED:

LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE

Collect Calls, 800-888

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 30

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

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

on call Technician

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

# FLORIDA PAY TELEPHONE 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

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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.

Robert Lee Weaver

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 7-4-98



**APPLICANT ACKNOWLEDGMENT**

Applicant Robert Weaver

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

Signature: Robert Lee Weaver

Title: President

Date: 7-4-98

**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.**



IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT IN AND FOR SARASOTA COUNTY, FLORIDA

IN THE COUNTY COURT IN AND FOR SARASOTA COUNTY, FLORIDA

REQUEST TO SEARCH RECORDS/  
CERTIFICATE OF CLERK

TO THE CLERK OF THE CIRCUIT AND COUNTY COURT:

Please make due and diligent search among the records filed and recorded in your office for the record, pleading, document, paper or instrument of writing required of authorized to be made, filed or recorded in your office described as: FELONY AND MISDEMEANOR RECORD SEARCH ON ROBERT L. WEAVER, D.O.B. 01-06-64 FROM 1983 TO PRESENT.

Requestor: ROBERT L. WEAVER

Address: 6500 RICHARDSON ROAD

SARASOTA  
SARASOTA, FL 34240

() I certify that after due and diligent search thereof, I fail to find the above requested record among the records filed or recorded in this office.

() I certify that, after due and diligent search thereof, I find the record, pleading, document, paper or instrument of writing filed or recorded in this office as described below:

83-1321-2-M1 04-25-83 CT. 1 SOLICITATION FOR PROSTITUTION  
05-23-83 NOLO/GUILTY, \$100.00 CC

KAREN E. RUSHING  
CLERK OF COURTS

BY: *Kathy McBeets*

DEPUTY CLERK

DATE 01-15-98

(COURT SEAL)

6.12.83 Paid fine in full

PARTIES		NO. 83-1381-D-M1	ATTORNEYS
The State of Florida		Information for Solicitation for Prostitution	
vs Robert Weaver		File 7010	
		Verdict	
		Judgment guilty 100.00	
			83-17454
DATE	PROGRESS OF CASE		COST BILL
4-25-83	Filed N.T.A., Arrest Record, P.C.A., 222.00 C		
5-23-83	7010 - guilty 100.00 TP6-6 to Ret 5-23		
6-7-83	in fo filed open at Paid fine in full		

STATE OF FLORIDA, COUNTY OF SARASOTA

I hereby certify that the foregoing is a true and correct copy of the minutes of this court.

Witness my hand and official seal this 11/15/98

Karen F. Kishner, Clerk of Court

By [Signature] Deputy Clerk



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

June 30, 1998

THOMAS A. DOZIER, ESQ  
PO BOX 2738  
SARASOTA, FL 34230

The Articles of Incorporation for COMMUNICATION SERVICES OF SARASOTA, INC. were filed on June 29, 1998 and assigned document number P98000058185. Please refer to this number whenever corresponding with this office regarding the above corporation.

**PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.**

**A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.**

**A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.**

**SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.**

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

Michelle Milligan, Document Specialist  
New Filing Section

Letter Number: 098A00035520

ARTICLES OF INCORPORATION OF  
COMMUNICATION SERVICES OF SARASOTA, INC.

ARTICLE 1. - NAME



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

June 30, 1998

FILED  
98 JUN 29 PM 12:30  
DORIS J. SHERIDAN  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION OF  
COMMUNICATION SERVICES OF SARASOTA, INC.**

FILED  
98 JUN 29 PM 12:33  
COMMUNICATIONS  
DIVISION  
TALLAHASSEE, FLORIDA

**ARTICLE 1. - NAME**

The name of this corporation is COMMUNICATION SERVICES OF SARASOTA, INC.

**ARTICLE 2. - DURATION**

The term of existence of the corporation is perpetual.

**ARTICLE 3. - PURPOSE**

This corporation is organized for the purpose of engaging in and transacting any and all activities or business permitted under the laws of the United States of America and the State of Florida.

**ARTICLE 4. - POWERS**

This corporation shall have all of the powers enumerated in the Florida Business Corporation Act.

**ARTICLE 5. - CAPITAL STOCK**

This corporation is authorized to issue 100 shares of common stock with a par value of \$1.00 per share.

**ARTICLE 6. - PREEMPTIVE RIGHTS**

Each shareholder of this corporation shall have the first right to purchase upon such price, terms and conditions as shall be fixed by the Board of Directors, shares of any class, kind or series of stock in this corporation that may, from time to time, be issued. Such preemptive rights shall apply to such shares whether such additional shares constitute a part of the shares

presently or subsequently authorized or constitute shares in the treasury of the corporation and shall be exercised in the ratio that the number of shares held by each stockholder at the time of issue bears to the total number of shares outstanding in the name of all stockholders.

**ARTICLE 7. - PRINCIPAL OFFICE AND REGISTERED AGENT**

The mailing address of the corporation is 226 S. Hernando Avenue, Arcadia, FL 34266, and the street address of the initial registered office of the corporation is 226 S. Hernando Avenue, Arcadia, FL 34266, and the name of the initial registered agent at such address is: Robert L. Weaver.

**ARTICLE 8. - DIRECTORS**

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the Bylaws, but shall never be less than one. The names and addresses of the initial directors of this corporation are:

Robert L. Weaver  
226 S. Hernando Avenue  
Arcadia, FL 34266

LaVonne J. Weaver  
226 S. Hernando Avenue  
Arcadia, FL 34266

**ARTICLE 9. - INCORPORATORS**

The names and addresses of the Incorporators are:

Robert L. Weaver  
226 S. Hernando Avenue  
Arcadia, FL 34266

LaVonne J. Weaver  
226 S. Hernando Avenue  
Arcadia, FL 34266

**ARTICLE 10. - CUMULATIVE VOTING**

At each election for directors every shareholder entitled to vote in the election shall have the right to cumulate his votes by giving one candidate as many votes as the number of his shares, or by distributing the votes on the same principal among any number of the candidates.

**ARTICLE 11. - AMENDMENT**

This corporation reserves the right to amend or repeal any provisions contained in the Articles of Incorporation, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

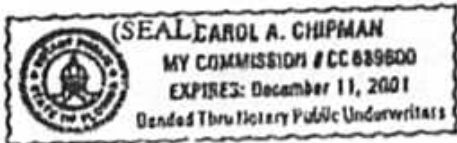
The undersigned Incorporators have executed these Articles of Incorporation on the 22 day of June, 1998.

Robert L. Weaver  
ROBERT L. WEAVER

Lavonne J. Weaver  
LAVONNE J. WEAVER

STATE OF FLORIDA )  
COUNTY OF DeSoto )

The foregoing instrument was acknowledged before me this 22<sup>nd</sup> day of June, 1998, by ROBERT L. WEAVER, as an Incorporator.



Carol A. Chipman  
Carol A. Chipman, Notary Public  
(Printed Name)  
Commission No.: CC 689600  
My Commission Expires: 12/11/2001

Personally Known \_\_\_\_\_ OR Produced Identification X  
Type of Identification Produced Drivers License

STATE OF FLORIDA )  
COUNTY OF DeSoto )

The foregoing instrument was acknowledged before me this 22<sup>nd</sup> day of June, 1998,  
by LAVONNE J. WEAVER, as an Incorporator.



Carol A. Chipman  
Carol A. Chipman, Notary Public  
(Printed Name)  
Commission No.: CC 689600  
My Commission Expires: 12/11/2001

Personally Known        OR Produced Identification X  
Type of Identification Produced Driver's license



**ACCEPTANCE OF APPOINTMENT  
AS REGISTERED AGENT FOR  
COMMUNICATION SERVICES OF SARASOTA, INC.**

Having been named to accept service of process for the above stated corporation, at the place designated in the corporation's Articles of Incorporation, I hereby acknowledge and accept the appointment and agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

DATED: June 23, 1998.

*Robert L. Weaver*  
ROBERT L. WEAVER, Registered Agent

FILED  
98 JUN 29 PM 12:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

7/6/98

OMB No. 1545-0047  
 E-Price 12-91-99

Please type or print clearly.

1 Name of applicant (legal name) (See instructions.)  
**COMMUNICATION SERVICES OF SARASOTA, INC.**

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name  
**Robert L. Weaver**

4a Mailing address (street address) (room, apt., or suite no.)  
**226 South Hernando Avenue**

5a Business address, if different from address in lines 4a and 4b  
**226 South Hernando Avenue**

4b City, state, and ZIP code  
**Arcadia, FL 34266**

5b City, state, and ZIP code  
**Arcadia, FL 34266**

6 County and state where principal business is located  
**DeSoto County, Florida**

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶  
**Robert L. Weaver**

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input checked="" type="checkbox"/> Other corporation (specify) <b>pay telephones</b>	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other nonprofit organization (specify)	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input checked="" type="checkbox"/> Other (specify) ▶	(enter GEN if applicable)	

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶

State <b>Florida</b>	Foreign country <b>N/A</b>
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9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ▶ <b>pay telephone</b>	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)

**June 29, 1998**

11 Enter closing month of accounting year. (See instructions.)  
**December**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

**N/A**

13 Enter highest number of employees expected in the next 12 months. Note: if the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶ **Owning & servicing pay telephones**

15 Is the principal business activity manufacturing? . . . . .  Yes  No  
 If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.  Business (wholesale)  N/A  
 Public (retail)  Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? . . . . .  Yes  No  
 Note: if "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **ROBERT L. WEAVER, President**

Signature ▶ *Robert L. Weaver President* Date ▶ **6-22-98**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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*Application Fee*

*CK# 3559  
# 100.00  
1-1-98 RM*

**Communication Services of Sarasota**  
Pay Telephone Specialists

DEPOSIT                      DATE  
**D 8 0 7**                      JUL 0 9 1998

Robert Weaver  
President

July 7, 1998

Florida Public Service Commission  
Betty Easley Bldg. c/o Records & Reporting  
2540 Shumard Oak Boulevard  
Capitol Circle Office Center  
Tallahassee, FL 32399-0850

To whom it may concern:

Yesterday I mailed in an application for license approval to your office and I failed to enclose the application fee required.

Please find a check enclosed for \$100.00

I apologize for inconveniencing your office, I trust you will be able to solve this without much trouble.

Thank you for attending to my request. I can be reached at 941-494-9301 to assist you any way I can.

Sincerely

*Robert Weaver*  
Robert Weaver  
President

RECEIVED  
JUL 9 8 55 AM '98  
ADMINISTRATION  
MAIL ROOM



Application Fee

CHK # 3559  
# 100.00  
7-7-98 RW

# Communication Services of Sarasota

Pay Telephone Specialists

DEPOSIT                      DATE  
D 8 0 7                      JUL 0 9 1998

Robert Weaver  
President

July 7, 1998

Florida Public Service Commission  
Betty Easley Bldg. c/o Records & Reporting  
2540 Shumard Oak Boulevard  
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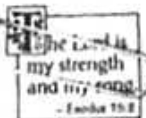
Sincerely

*Robert Weaver*  
Robert Weaver  
President

Robert L Weaver or  
Lavonne Weaver  
6200 Richardson Rd. Ph. 370-3750  
Sarasota, FL 34240

3559

Date 7-6-98



Pay to the order of Florida Public Service Commission \$ 100.00  
One Hundred and 00/100 Dollars

**BARNETT BANK**  
CENTER GATE OFFICE  
3930 CATTLEMAN ROAD  
SARASOTA, FLORIDA 34233

*Robert Weaver*