

DEPOSIT

DATE

981149-TC

DOOR

SEP 16 1998

ATTACHMENT B

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Chong O. Kim, Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS \_\_\_\_\_

Quick Trip Food Market

3. ADDRESS OF THE APPLICANT(S)

STREET 756 So. Edgewood Avenue

CITY Jacksonville

STATE & ZIP CODE Florida, 32205

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 \_\_\_\_\_

53 SEP 16 1998

# 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: Chong O. Kim  
TITLE: President/Owner  
PHONE: 904/389-9743

## 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.

N/A

## 8. LIST THE STATES IN WHICH THE APPLICANT:

### A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

None - applying for Florida certification

# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

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

None

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C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

None

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

None

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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.

N/A

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# FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK  THE SERVICES THAT WILL BE PROVIDED:

- LOCAL
  - LONG DISTANCE
  - COIN
  - CALLING CARD
  - CREDIT CARD
  - OTHER, DESCRIBE  \_\_\_\_\_
- 

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

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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
- 
- 
- 

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

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# 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.



(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

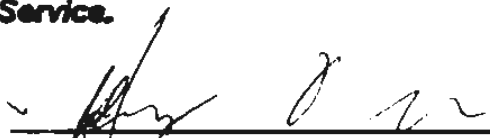
DATE: September 11, 1998

**APPLICANT ACKNOWLEDGMENT**

**Applicant** Chong O. Kim, Inc.

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

**Signature:** \_\_\_\_\_



**Title:** \_\_\_\_\_

President / Owner

**Date:** \_\_\_\_\_

September 11, 1998

**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.**

DEPOSIT DATE  
D008 SEP 16 1998

ATTACHMENT B

### FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Chong O. Kim, Inc. 981149-TC

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STATE & ZIP CODE Florida, 32205

4. TYPE OF ORGANIZATION (CHECK ONE)    
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER OWN NAME: ( )

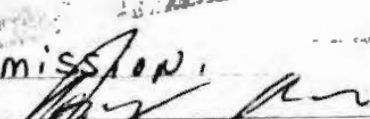
DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP: ( )

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION: (X)

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.

<b>FIDELITY EXPRESS</b> MONEY ORDER COMPANY <small>P.O. BOX 764 - SULPHUR SPRINGS, TEXAS 75482-0764          PHONE 903-685-1283          DIVISION OF GSC ENTERPRISES, INC.</small>		Date _____ 
Pay This Amount <b>1233</b>	<b>FIDELITY EXPRESS 100 DOLS 00 CTS</b>	
Pay To The Order Of <u>Florida Public SERVICE Commission</u>	PURCHASER'S SIGNATURE IN INK FOR ISSUER 	
<small>NOT VALID OVER THREE HUNDRED U.S. DOLLARS</small>		

DOCUMENT NUMBER - DATE  
10175 SEP 16 98  
FSC - RECORDS/REPORTING



# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of CHONG O. KIM, INC., a Florida corporation, filed on May 26, 1998, as shown by the records of this office.

The document number of this corporation is P98000047901.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capitol, this the  
Twenty-eighth day of May, 1998



CR2EO22 (2-95)

Handwritten signature of Sandra B. Northam in cursive.

Sandra B. Northam  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 28, 1998

CHONG O. KIM  
653 MONUMENT RD. #606  
JACKSONVILLE, FL 32225

The Articles of Incorporation for CHONG O. KIM, INC. were filed on May 26, 1998 and assigned document number P98000047901. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

**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 RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT 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.

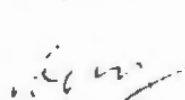
Tracy Smith, Document Specialist  
New Filing Section

Letter Number: 898A00030105

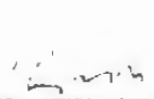
**CERTIFICATE DESIGNATING REGISTERED AGENT AND  
PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF  
PROCESS WITHIN FLORIDA, AND ACCEPTANCE OF  
AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Sections 48.091 and 607.034, Florida Statutes,  
the following is submitted:

FIRST, that Chong O. Kim, Inc. desiring to organize or qualify under  
the laws of the State of Florida, with its principle place of business  
at 653 Monument Road #606 Jacksonville, Florida 32225 has named Chong  
O. Kim as its agent to accept service or process within Florida. Dated  
this 21 day of MAY, 1998.

  
\_\_\_\_\_  
Chong O. Kim  
Director

SECOND, that having been named to accept service of process  
for the above named corporation, at the place designated in this  
certificate, I hereby agree to act in this capacity, and I further  
agree to comply with the provisions of all statutes relative to the  
proper performance of my duties.

  
\_\_\_\_\_  
Chong O. Kim  
Registered Agent

FILED  
93 MAY 26 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

officer, employee, or agent and shall inure to the benefit of the heirs, executors, and administrators of such a person.

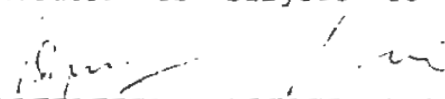
**ARTICLE X**

**AMENDMENT**

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, by a majority vote of the Board of Directors, and any right conferred upon the shareholders is subject to this reservation.

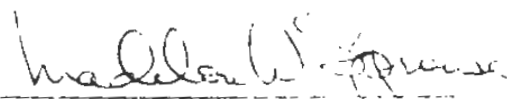
STATE OF FLORIDA

COUNTY OF DUVAL

  
\_\_\_\_\_  
Chong O. Kim  
Incorporator

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above personally appeared Chong O Kim, known to be and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 21 day of May, 1988

  
\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE  
STATE OF FLORIDA



MADELON W SPROUSE  
My Comm. Exp. 1/31/2001  
Quarant. By Service Ins.  
No. CC614849  
I I Personally Known I I Other I O

however, there shall never be less than one Director. The name and address of the initial Board of Directors of the corporation is:

Chong O. Kim  
653 Monument Road #606  
Jacksonville, Florida 32225

## **ARTICLE VIII**

### **INCORPORATORS**

The name and address of the Incorporator signing these articles is:

Chong O. Kim  
653 Monument Road #606  
Jacksonville, Florida 32225

## **ARTICLE IX**

### **INDEMNIFICATION**

The Corporation shall, to the fullest extent permitted by the Florida Stock Corporation Act, as the same may be amended and supplemented, indemnify any and all persons whom it shall have power to indemnify under the said provisions from and against any and all the expenses, liabilities, or other matters referred to in or covered by said provisions, and the indemnification provided for herein shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any Bylaw, vote of stockholders or disinterested directors, or otherwise, both as to action in his or her official capacity and as to action while holding such office, and shall continue as to a person who has ceased to be a director.

## **ARTICLE IV**

### **CAPITAL STOCK**

This corporation is authorized to issue 7500 shares of no par value stock which shall be designated as "Common Stock".

## **ARTICLE V**

### **PRE-EMPTIVE RIGHTS**

Every shareholder, upon the sale for cash of any new stock of this corporation, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

## **ARTICLE VI**

### **INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is 653 Monument Road #606 Jacksonville, Florida 32225 and the name of the initial registered agent of this corporation at that address is Chong O. Kim.

## **ARTICLE VII**

### **INITIAL BOARD OF DIRECTORS**

This corporation shall have one (1) Director constituting the initial Board of Directors. The board of directors shall be appointed by the corporation's shareholders. The number of directors may be either increased or decreased from time to time by the bylaws;

**Articles of Incorporation**

**of**

**Chong O. Kim, Inc.**

FILED  
98 MAY 26 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

**NAME**

The name of the Corporation is **Chong O. Kim, Inc.** The principal office address and the mailing address of said Corporation is 653 Monument Road #606 Jacksonville, Florida 32225.

**ARTICLE II**

**DURATION**

This corporation shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

**ARTICLE III**

**PURPOSE**

This corporation is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes, as now exists or may hereafter be amended.

# Election by a Small Business Corporation

(Under section 1362 of the Internal Revenue Code)

OMB No. 1545-0148

Department of the Treasury  
Internal Revenue Service

► For Paperwork Reduction Act Notice, see page 2 of instructions.  
► See separate instructions.

- Notes:**
- This election to be an S corporation can be accepted only if all the tests are met under *Who May Elect* on page 1 of the instructions; all signatures in Parts I and III are originals (no photocopies); and the exact name and address of the corporation and other required tax information are provided.
  - Do not file Form 1120S, U.S. Income Tax Return for an S Corporation, for any tax year before the year the election takes effect.
  - If the corporation was in existence before the effective date of this election, see *Taxes an S Corporation May Owe* on page 1 of the instructions.

**Part I Election Information**

<b>Please Type or Print</b>	Name of corporation (see instructions) <b>CHONG O. KIM INC.</b>	<b>A Employer identification number</b> 59 3511822
	Number, street, and room or suite no. (if a P.O. box, see instructions.) <b>653 MONUMENT RD. # 606</b>	<b>B Date incorporated</b> MAY 28, 1998
	City or town, state, and ZIP code <b>JACKSONVILLE, FL. 32225</b>	<b>C State of incorporation</b> FLORIDA
<b>D Election is to be effective for tax year beginning (month, day, year)</b>		► 5 / 28 / 98
<b>E Name and title of officer or legal representative who the IRS may call for more information</b> <b>CHONG O. KIM, PRES.</b>		<b>F Telephone number of officer or legal representative</b> (904) 725-2429
<b>G If the corporation changed its name or address after applying for the EIN shown in A above, check this box</b> <input type="checkbox"/>		
<b>H If this election takes effect for the first tax year the corporation exists, enter month, day, and year of the earliest of the following: (1) date the corporation first had shareholders, (2) date the corporation first had assets, or (3) date the corporation began doing business</b>		► 5 / 28 / 98
<b>I Selected tax year: Annual return will be filed for tax year ending (month and day) ►</b>		

If the tax year ends on any date other than December 31, except for an automatic 52-53-week tax year ending with reference to the month of December, you must complete Part II on the back. If the date you enter is the ending date of an automatic 52-53-week tax year, write "52-53-week year" to the right of the date. See Temporary Regulations section 1.441-2T(e)(3).

J Name and address of each shareholder, shareholder's spouse having a community property interest in the corporation's stock, and each tenant in common, joint tenant, and tenant by the entirety. (A husband and wife (and their estates) are counted as one shareholder in determining the number of shareholders without regard to the manner in which the stock is owned.)	K Shareholders' Consent Statement: Under penalties of perjury, we declare that we consent to the election of the above-named corporation to be an S corporation under section 1362(a) and that we have examined this consent statement, including accompanying schedules and statements, and to the best of our knowledge and belief, it is true, correct, and complete. We understand our consent is binding and may not be withdrawn after the corporation has made a valid election. (Shareholders sign and date below.)		L Stock owned		M Social security number or employer identification number (see instructions)	N Shareholder's tax year ends (month and day)
			Number of shares	Dates acquired		
	Signature	Date				
CHONG O. KIM 653 MONUMENT RD. # 606 JACKSONVILLE, FL. 32225	<i>[Signature]</i>	6-9-98	7500	6-9-98	198-74-7509	DEC 31

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

Signature of officer ► *[Signature]* Title ► **PRES** Date ► **6-9-98**