

RECEIVED  
FLORIDA PUBLIC  
SERVICE COMMISSION

981266-TC

DEPOSIT DATE  
D017 OCT 07 1998

98 OCT-6 #4502 company;

MAIL ROOM Texas Inmate Phones

2. Name under which applicant will do business (fictitious name, etc.):

Texas Inmate Phones

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

3118 Lausanne  
Pasadena, TX 77505

4. Florida address (including street name & number, post office box, city, state, and zip code):

na

5. Structure of organization;

- Individual                      ( ) Corporation
- General Partnership            ( ) Limited Partnership
- Other, \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: \_\_\_\_\_

7. If using fictitious name-d/b/a, provide proof of compliance with the fictitious name statute (Chapter 865.09 FS) to operate in Florida:

(a) Florida Fictitious Name registration number: Applied for

8. FED Number (if applicable): 76-0554033

9. **If individual, provide;**

**Name :** Mark A. Styron

**Title :** Owner

**Address:** 3719 Moonlite Dr

**City/State/Zip:** Pasadena, TX 77505

**Telephone No.:** (281)998-3099 **Fax No.:** (281)991-9752

**Internet E-Mail Address:** TXINMATE@AOL.COM

**Internet Website Address:**

10. **If applicant is a partnership, provide name, title and address of all partners and a copy of the partnership agreement.**

a. **Name :**

**Title :**

**Address:**

**City/State/Zip:**

**Telephone No.:**  **Fax No.:**

**Internet E-Mail Address:**

**Internet Website Address:**

b. **Name :**

**Title :**

**Address:**

**City/State/Zip:**

**Telephone No.:**  **Fax No.:**

**Internet E-Mail Address:**

**Internet Website Address:**

11. Who will serve as liaison to the Commission with regard to the following?

(a) The application:

Name : Mark A. Styron

Title : Owner

Address: 3118 Lausanne

City/State/Zip: Pasadena, TX 77505

Telephone No.: (281)998-3099 Fax No.: (281)9919752

Internet E-Mail Address: mstyrontip@aol.com

Internet Website Address: \_\_\_\_\_

(b) Official Point of Contact for the ongoing operations of the company:

Name : Same

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

(c) Complaints/Inquiries from customers:

Name : Same

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

12. Indicate if applicant or any subsidiary, partner, officers, director, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

NO

---

---

---

---

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

NO

---

---

---

---

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

NO

---

---

---

---

15. List the states in which the applicant:

a. is currently providing pay telephone service:

California, Arkansas, Texas, Georgia, Illinois,

Massachusetts, Louisiana, Arizona

b. has applications pending to be certificated as a pay telephone provider:

Oklahoma

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, rules, or orders. Explain circumstances:

no

16. Please check (✓) the services that will be provided:

LOCAL	<input type="checkbox"/>
LONG DISTANCE	<input type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input type="checkbox"/>
CREDIT CARD	<input type="checkbox"/>
OTHER (Describe)	<input type="checkbox"/> Automate Collect Calls

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 20

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe)

Texas Inmate Phones has its own techs.

---

---

---

---

19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)  Yes  No

Explain: \_\_\_\_\_

---

---

---

---

20. Will each of the pay telephones to be installed 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  No

**\*\* APPENDIX A \*\***

**AFFIDAVIT**

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$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 in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083."

**UTILITY OFFICIAL:**

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

Date: 9/30/98

Printed Name: Mark A. Styron

Title: President

Address: 3118 Lausanne

(281)991-9752

Pasadena, Tx. 77505

**Fax No.**

**\*\* APPENDIX B \*\***

**APPLICANT ACKNOWLEDGMENT**

**Applicant:** TEXAS INMATE PHONES

---

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

**Signature:** 

**Date:** 9/.30/98

**Printed Name:** Mark A. Styron

**Title:** President

**Address:** 3118 Lausanne

**Tel. No.** (281)998-3099

Pasadena, Tx. 77505

**Fax No.** (281)991-9752

---


**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.**



**\*\* APPLICANT ACKNOWLEDGMENT STATEMENT \*\***

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
3. **SALES TAX:** I understand that a seven percent sales tax must be paid on intra and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

**UTILITY OFFICIAL:**

		2-10-51
	Signature	Date
	Owner	281-998-3099
	Title	Telephone No.
Address:	3118 Lausanne	281-991-9752
	Pasadena, TX 77505	Fax No.

**ATTACHMENTS:**

- A - Affidavit
- B - Applicant Acknowledgment

981266-TC

DEPOSIT DATE  
D017 OCT 07 1998

98 OCT-6 State of company;

MEMO: Texas Inmate Phones

2. Name under which applicant will do business (fictitious name, etc.):

Texas Inmate Phones

3. Official mailing address (including street name & number, post office box, city, state, and zip code).

3118 Lausanne  
Pasadena, TX 77505

4. Florida address (including street name & number, post office box, city, state, and zip code):


na

5. Structure of organization;

(X) Individual ( ) Corporation  
( ) General Partnership ( ) Limited Partnership  
( ) Other, \_\_\_\_\_

6. If incorporated in Florida, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: \_\_\_\_\_

<b>TEXAS INMATE PHONES</b> 3719 MOONLITE DR. PH. 281-888-3088 PASADENA, TEXAS 77505		22-115 1110 04000037630 DATE 9/30/98	2746
PAY TO THE ORDER OF <u>Florida Public Service Comm.</u>		\$ 100.00	
One Hundred Dollars & 00/100-----DOLLARS			
<b>CHASE</b> Chase Bank of Texas, N.A. Houston Region 712 Main Street Houston, TX 77002	1086		
MEMO: Application fee			

proof of statute (Chapter

ration

DOCUMENT NUMBER-DATE

11002 OCT-78

FPSC-RECORDS/REPORTING