

DEPOSIT

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FLORIDA PUBLIC SERVICE COMMISSION

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****FLORIDA PUBLIC SERVICE COMMISSION****

MAIL ROOM

**DIVISION OF COMMUNICATIONS
BUREAU OF SERVICE EVALUATION**

**APPLICATION FORM FOR CERTIFICATE TO PROVIDE
PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA**

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application. If an item is not applicable, please explain.
- ◆ Use a separate sheet for each answer which will not fit within the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form and a non-refundable **application fee of \$100.00** to:

**Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770**

- ◆ If you have questions about completing the form, contact:

**Florida Public Service Commission
Division of Communications
Bureau of Service Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

1. Name of company or name of individual (not fictitious name or d/b/a):

Vanetta Thomas and David Wells

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

1 Accord Investments

3. Official mailing address:

Street: _____

P.O. Box: 26128

City: Jacksonville

State: FL Zip: 32226

4. Florida address:

Street: 1110 Caliente Dr. #17

P.O. Box: _____

City: Jacksonville

State: FL Zip: 32211

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: _____

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

Florida Secretary of State
Corporate Registration Number: _____

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

Florida Fictitious Name
Registration Number: 600048900192

8. F.E.I. Number (if applicable): Applied for

9. If individual, provide: Not Applicable; Partnership

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

a. Name: VANETTA L. THOMAS

Title: Partner

Address: 1110 Caliente Dr. #17

City/State/Zip: Jacksonville FL 32211

Telephone No.: 904.744.7597 Fax No.: same

Internet E-Mail Address: _____

Internet Website Address: _____
10. Partnership (continued)
b. Name: David D. Wells
Title: Partner
Address: P.O. Box 26128
City/State/Zip: Jacksonville FL 32226
Telephone No.: (800) 665 6081 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: Vanetta Thomas
Title: Partner
Address: 1110 Caliente Dr. #17
City/State/Zip: Jacksonville FL 32211
Telephone No.: 904 234 3113 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____
b. Official Point of Contact for ongoing company operations including complaints and inquiries:
Name: VANETTA THOMAS
Title: Partner
Address: 1110 Caliente Dr. #17
City/State/Zip: Jacksonville, FL 32211
Telephone No.: 904 234 -3113 Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

12. Indicate if applicant or any subsidiary, partner, officers, directors, 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: Partner - David Wells filed

bankruptcy in 1995

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, or 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 other states in which the applicant:

a. Is currently providing pay telephone service.

NONE

b. Has applications pending to be certified as a pay telephone provider.

NONE

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

NONE

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances.

NONE

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

(✓) LOCAL

(✓) LONG DISTANCE

(✓) COIN

(✓) CALLING CARD

(✓) CREDIT CARD

(✓) OTHER (Describe) Free 911

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 7

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) If necessary, will use a service repair person.

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code.

- Yes
- No Explain: _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

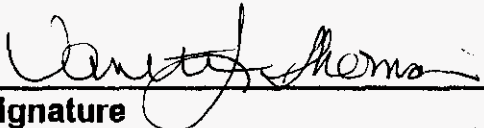
- Yes
- No Explain: _____

APPLICANT FEE/TAX STATEMENT

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 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 the 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:

VANETTA THOMAS
Print Name


Signature

Partner
Title

1 March 2000
Date

(904) 744 7597
Telephone No.

Fax No.

Address: 110 Caliente Dr. #17
JACKSONVILLE FL 32211

****ACKNOWLEDGMENT****

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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:

VANETTA L. THOMAS
Print Name

Vanetta L. Thomas
Signature

Partner
Title

1 March 2000
Date

(904) 744 7597
Telephone No.

Fax No.

Address: 1110 Caliente Dr. #17
Jacksonville, FL 32211

****APPLICANT ACKNOWLEDGMENT****

Applicant: Vanetta L. Thomas / David D. Wells
1 Accord Investments

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

VANETTA L. THOMAS
Print Name

Vanetta L. Thomas
Signature

Partner
Title

1 March 2000
Date

(904) 744 7597
Telephone No.

Fax No.

Address: 110 Caliente Dr. #17
Jacksonville, FL 32211

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

GENERAL PARTNERSHIP AGREEMENT

THIS PARTNERSHIP AGREEMENT is entered into on January 15, 2000 between the following persons:

Vanetta L. Thomas
1110 Caliente Dr. #17
Jacksonville, FL 32211

David D. Wells
4375 Confederate Point Rd., Apt. 2L
Jacksonville, FL 32210

The above-named persons agree that upon the commencement of this partnership, they shall be deemed to have become partners in business. The purposes, terms, and conditions of this partnership are as follows:

1. Name - The firm name of the partnership shall be 1Accord Investments.
2. Principal place of business - The principal place of business of the partnership shall be 1110 Caliente Dr. #17, Jacksonville, FL 32211. The business mailing address shall be PO Box 26128, Jacksonville, FL 32226.
3. Purpose - The business of the partnership is set forth below and includes any other business related thereto.

A coin-operated telecommunications and vending business, specializing in maintaining and servicing of payphones and routes. Additionally, offering maintenance and service free vending machines to small businesses.

4. Term - The partnership shall commence on and continue until dissolved by mutual agreement of the partners.

5. Capital contribution and distribution of profits and losses:

Name of Partner	Capital Contribution		
	Specific Contribution	Agreed Upon Cash Value of Contributions	Percentage Distribution of Profit and Loss
Vanetta L. Thomas	\$8,000 Specified Services and Expertise	\$10,000	50%

David D. Wells	\$500 Specified Services and Expertise	\$10,000	50%
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A division of profits and losses shall be made at such time as may be agreed upon by the partners and at the close of each fiscal year. The profits and losses of the partnership shall be divided between the partners according to the above schedule.


6. Control - The partners shall have exclusive control over the business and each partner shall have equal rights in the management and conduct of the partnership business. Any difference arising as to the ordinary matters connected with the partnership business shall be decided by a third party arbitrator chosen and agreed upon by the partners. Any act beyond the scope of this partnership agreement or any contract that may subject this partnership to liability in excess of one hundred dollars shall be subject to the prior written consent of all of the partners.

7. Disputes - Disputes that would jeopardize new business, contracts, or existing clients and cannot be resolved by the partners within thirty days will be submitted to a mutually agreed upon arbitrator whose decision will be final. Any disagreements or differences that affect the management of the partnership business and would jeopardize new business contracts, or existing clients and cannot be resolved by the partners within thirty days will be submitted to an arbitration process designed to repair the partnership relationship and solve said differences or disputes.


8. Selling out - If a general partner decides to sell their interests in the partnership business to the remaining partner the interests will be valued at the one half of the current business equity plus two percent or the in effect cost of living percentage. Payment for the interests sold shall be made over a period of three years. No general partner may sell their interests in the partnership business to a third party unless it is mutually agreed to in writing by the general partners. Thirty days written notice of proposed sell out to each general partner by the selling partner is required.

9. Dissolution - In the event of retirement, expulsion, bankruptcy, death, or insanity of a general partner, the remaining partners have the right to continue the business of the partnership under the same name by themselves or in conjunction with any other persons they select.

Signatures of the Partners



 Vanetta L. Thomas



 David D. Wells

03/01/00

FICTITIOUS NAME DOCUMENT SCREEN

12:30:59

SUMMARY FOR FILING: G00048900192

FILED: 02/19/2000

STATUS: ACTIVE

EXPIRES: 12/31/2005

Current Owners: 0002

County : DUVAL

Pages in all forms/attachments: 0001

Events filed: 0000

Name 1 ACCORD INVESTMENTS

Addr P.O. BOX 26128

JACKSONVILLE, FL 32226

- 1) OWNER THOMAS, VANETTA L
1110 CALIENTE DR. #17
JACKSONVILLE, FL 32211
- 2) OWNER WELLS, DAVID D
PO BOX 26128
JACKSONVILLE, FL 32226

----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT -----

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◆ If you have questions about completing the form, contact:


VANETTA L. THOMAS
PH 904-744-7597
1110 CALIENTE DR, NO. 17
JACKSONVILLE, FL 32211


DATE 1 Mar. 00

63-7927/2630
BRANCH 010

1118

PAY TO THE ORDER OF Florida Public Service Commission \$ 100.00

One hundred and xx/100 DOLLARS  Security features included. Details on back.


P.O. BOX 4508, JACKSONVILLE, FLORIDA 32202-0008

FOR Van J MP

1118

DOCUMENT NUMBER-DATE

02870 MAR-38

FLORIDA PUBLIC SERVICE COMMISSION