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FLORIDA PAY TELEPHONE CERTIFICATE APPLICATES DIST

DATE

	LEGAL NAME OF	THE APPLICANT	D7 1 2 ™ FEB 1 6 1996			
	Paul C.I	amossays / H(N).	1 M.1.1.116K			
Z.	NAME UNDER WIT	CH THE APPLICANT WILL DO BUSINESS	11 -11 1 -1 1 C. p.f			
	Paul C. To	mossone TH CMi	11 11 1 1 1 Cpl			
3.	ADDRESS OF THE	APPLICANT(S)				
	STREET	2549 north Field I nove	17/17 CID mill Cake			
	CETY	cleanuager, FL.	in of holly Fl.			
	STATE & ZIP	3376)				
4.	TYPE OF ORGANIE	ZATION (CHECK ONE)				
	A. INDIVIDUA OLAN MANE.	AL DOING PUSINESS UNDER HIS/HER:	ιΛ			
	DOCUMENTATION:	No other documentation needed.	_			
	B. PARTHERS	HIP:	(Š			
	DOCUMENTATION: with the name a	Attach a copy of the partnershi	p agreement, and a list			
	C. CORPORATI	ON:	[]			
	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.					
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APPLICANT ACKNOWLEDGEMENT CARD

Applicant	Paul C. Jane	- 4 / 1 / CMAS /1/Af-	(i) +. , i
Service Co	MMission's Rules an	understanding of the Florida (d Requirements relating to My pro-	Public vision
Signature	lephone Service.	/ homas Maffa	tone
Title	CLUVEL	·	
Date	12/4/97		

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.

PROVIDE MANE, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS: 1 Himm. MattAlonE . ME: TITLE: HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT 6. EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE 7. CERTIFICATE HOLDER AND CERTIFICATE NUMBER. LIST THE STATES IN WHICH THE APPLICANT: A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE WA 3 HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER. C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

PODRI PROJUCIU 32 (83-95) PAGE 3 OF 4 DEPURADO OT CORRESSON AULE NO. 25-34.511

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	HAS NAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS TELECOPRIMICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
HUND	E INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP IDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS IT FROM PENDING PROCEEDINGS.
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LOCAL LONG D COIN CALLIN CREDIT OTHER, PROPOS IN THE	CARD CARD DESCRIBE ED MUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLAN

01/28/1998 15:17 385-9453400

WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS 13. TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA TOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM 10 14. SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)

01/28/1998 15:17

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 . 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 APPLECATION. 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 COUNTSSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE**

OFFICER OF APPLICANTS

WITHIN TEN (10) DAYS OF THE CHANGE.

004CC#C=CGC

FLORISE PAY TELEPHONE CERTIFICATE APPLICADEPOSIT

DATE

PAUL C. TOMOSSONE OR STREET HOMAS MAFFATO 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS PAUL C. TOMOSSONE / HOMAS MAFFATO 3. ADDRESS OF THE APPLICANT(S) STREET 2549 North Fielding / 1419 old mill CITY CLARWAYER FL. Spring Hill 4. TYPE OF ORGANIZATION (CHECK ONE) A. INDIVIDUAL BOINS BUSINESS UNDER HIS/HER: DOCUMENTATION: No other documentation needed. 8. PARTNERSHIP: DOCUMENTATION: Attach a copy of the partnership agreement, and a with the name and address of all partners. C. CORPORATION: DOCUMENTATION: Attach proof that articles of incorporation have be filed with the Florida Secretary of State's Office. If incorporation of florida, attach proof from the Florida Secretary of State is applicant has authority to operate in Florida and provide name and address of Florida Registered Agent. BARE PAUL C. TOMOSSONE OR CHEANWATER FL MADIC SECRET OF 1995 PAUL C. TOMOSSONE OR CHEANWATER FL MADIC SECRET COMMANDS 100.00 DATE PAULACIANCE COMMANDS 100.00 DATE PAULACIANCE COMMANDS 100.00 DATE PAULACIANCE COMMANDS 100.00 DATE PAULACIANCE COMMANDS 100.00	.D I 0
2. NAME SINGER WAITON THE APPLICANT WILL DO BUSINESS Paul C. Ignossone 10 0m/5 MAFFATO 3. ADDRESS OF THE APPLICANT(S) STREET 2549 North Fieldinge 1419 old mills CITY Clearage FL Sping Hill STATE & ZIP 3376 4. TYPE OF ORGANIZATION (CNECK ONE) A. INDIVIDUAL BOING BUSINESS UNDER HIS/HER: [1] DOCUMENTATION: Ho other documentation needed. 8. PARTHERSHIP: [1] DOCUMENTATION: Attach a copy of the partnership agreement, and a with the name and address of all partners. C. CORPORATION: [1] DOCUMENTATION: Attach proof that articles of incorporation have the filed with the Florida Secretary of State's Office. If incorporation of filed with the Florida Secretary of State's Office. If incorporation of Florida and provide name and address of Florida Registered Agent. BANKE MAF MAPPING BUSINESS UNDER A FICTITIOUS NAME 1995 Pegistered W. CLEANWATER, IT 3661 PAUL C. TOMOSSONE 2/11 94 1995 Pegistered W. CLEANWATER, IT 3661 DOCUMENTATION: Advanced Community 100. CU DIRE HUMANIA BUSINESS UNDER A FICTITIOUS NAME 1995 Pegistered W. CLEANWATER, IT 3661 DOTHE HUMANIA BUSINESS UNDER A FICTITIOUS NAME 1995 Pegistered W. CLEANWATER, IT 3661 DOTHE HUMANIA BUSINESS UNDER A FICTITIOUS NAME 1995 Pegistered W. CLEANWATER, IT 3661 DOTHE HUMANIA BUSINESS UNDER A FICTITIOUS NAME 1995 Pegistered W. CLEANWATER, IT 3661 DOTHE HUMANIA BUSINESS UNDER A FICTITIOUS NAME 1995 Pegistered W. CLEANWATER, IT 3661 DOTHE HUMANIA BUSINESS UNDER A FICTITIOUS NAME 1995 Pegistered W. CLEANWATER, IT 3661 DOTHE HUMANIA BUSINESS UNDER A FICTITIOUS NAME 1995 Pegistered W. CLEANWATER, IT 3661 DOTHE HUMANIA BUSINESS UNDER A FICTITIOUS NAME 1995 Pegistered W. CLEANWATER, IT 3661 DOTHE HUMANIA BUSINESS UNDER A FICTITIOUS NAME 1995 Pegistered W. CLEANWATER, IT 3661 DOTHE HUMANIA BUSINESS UNDER A FICTITIOUS NAME 1995 PEGISTER NAME 1995 PEGISTE	AT
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