

Pay Telephone Service Provider Regulatory Assessment Fee Return **ORIGINAL**

020000

STATUS:
 _____ Actual Return
 _____ Estimated Return
 _____ Amended Return

*P. Isler
 CCA*

Florida Public Service Commission
 (See Filing Instructions on Back of Form)

TG187-01-0-R	DEPOSIT	DATE
Gary A. Oyler	D225	JUN 20 2002
4001 Marianna Road Jacksonville, FL 32217-3609		
cc: P. Isler		

FOR PSC USE ONLY	
Check#	1108
\$	53.50
\$	12.50
\$	2.50
Postmark Date	6/17/02
Initials of Preparer	MC

PERIOD COVERED:
 01/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ < 24,000
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(7,200)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 16,800
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	(\$ 25.20) 50.0
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	25% 12.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	12% 6.00
8.	TOTAL AMOUNT DUE	\$ 68.50

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 25

* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 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.

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC _____
 OTH _____

Gary A. Oyler
 (Signature of Company Official)

Gary A. Oyler
 (Preparer of Form - Please Print Name)

Owner
 (Title)

6-7-02
 (Date)

Telephone Number *904-1730-2135* Fax Number ()

F.E.I. No. *05 400-64-8946*

DOCUMENT NUMBER-DATE
 06387 JUN 20 02

STATE OF FLORIDA

COMMISSIONERS:
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(850) 413-6770 (CLERK)
(850) 413-6330 (ADMIN)

Public Service Commission

June 13, 2002

Gary A. Oyler
4001 Marianna Road
Jacksonville, FL 32217-3609

Dear Mr. Oyler:

Your check number 1106 dated June 7, 2002 for \$68.50, is being returned herewith as the check was made out to the Florida Department of Revenue when it should have been made out to the Florida Public Service Commission. Please resubmit payment.

Should you have any questions, please contact Ms. Martha Coggins at the above address or telephone number.

Yours truly,

A handwritten signature in cursive script that reads "Karen O. Belcher" followed by a small "v/m" mark.

Karen O. Belcher
Finance and Accounting Director

KB:mc
Enclosures (2)

cc: Martha Coggins, Fiscal Services Section
Paula Isler, Competitive Markets Compliance
Kay Flynn, Records and Hearing Services