

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 7/21/97

Docket No. 970913-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPE _____

3. OCR _____

4. Requested Title Request for cancellation of Pay Telephone Certificate No. 4591 by Edward Dean Gayer

5. Suggested Docket Calling List (attach separate sheet if necessary) (TF655)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

Edward Dean Gayer

2. Interested Persons and their representatives (if any)

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.

Edward D. Gayer
8515 Goldeneye Lane
Jacksonville, FL 32217

June 30, 1997

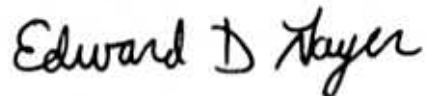
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0876

Dear sir,

This letter is to officially inform you that I am requesting cancellation of my Certificate to provide Pay Telephone Service in the state of Florida. Enclosed is my completed 1996 Regulatory Assessment Fee Return. Since I never installed any payphones, I am paying the minimum \$50 fee for 1996 and a \$15 late fee as specified by Mr. Charles Byrne. I am also including \$50 for the 1997 fee which is not yet due. Enclosed is a personal check for \$115.

You can contact me at 904-448-0371 if there are any problems or questions. Thank you.

Sincerely,



Edward D. Gayer

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TF655
 Edward Dean Gayer
 8515 Goldeneye Lane
 Jacksonville, FL 32217-4758

PERIOD COVERED:
 01/01/1996 TO 12/31/1996

DEPOSIT DATE
 D 5 6 1 JUL 0 8 1997

Please Complete Below If Address Has Changed

| FOR PSC USE ONLY | |
|----------------------|----------------|
| Check# | 0165 |
| \$ | 100.00 0603002 |
| | 003001 |
| \$ | 12.50 P |
| | 0603002 |
| \$ | 2.50 004011 |
| | I |
| Postmark Date | 7/3/97 |
| Initials of Preparer | AP |

(Name of Company)

(Address)

(City/State)

(Zip)

| LINE NO. | ACCOUNT CLASSIFICATION | AMOUNT |
|----------|--|----------------------------------|
| 1. | Gross Operating Revenue | \$ 0 |
| 2. | Gross Intrastate Revenue | 0 |
| 3. | LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)* | (0) |
| 4. | TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) | \$ 0 |
| 5. | Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015) | \$ 50.00 |
| 6. | Penalty for Late Payment Regulatory Assessment Fee (for 1997) | \$ 50.00 |
| 7. | Interest for Late Payment | \$ 15.00 |
| 8. | TOTAL AMOUNT DUE | \$ 65.00 \$ 115.00 |

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 0

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to be 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.

Edward D. Gayer
 (Signature of Company Official)
Edward D. Gayer
 (Please Print Name)

owner (Title) 6-30-97 (Date)
 Telephone Number 904, 448-0371
 F.E.I. No. none