

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 12/22/97

Docket No. 971642-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR \_\_\_\_\_

3. OCA \_\_\_\_\_

4. Suggested Docket Title Request for cancellation of  
Pay Telephone Certificate No. 5362  
by HORIZON PAYPHONES INC.

(TG060)

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

- 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)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

FLORIDA PUBLIC SERVICE COMMISSION

COMMUNICATIONS/ELECTRIC/GAS UTILITY REGULATORY ASSESSMENT FEE EXTENSION REQUEST

Horizon Partners, Inc

650741644

(Utility)

(Utility Code)

(FEID No.)

Mailing Address:

657 ALBRITTON AV

SARASOTA FL 34232

This is to request an extension for filing the Regulatory Assessment Fee Return for the above-named utility for the period indicated below:

PERIOD JANUARY 1 - DECEMBER 31, 1997

PERIOD JULY 1 - DECEMBER 31, 1997

15 days to February 16, 1998  
30 days to March 2, 1998

15 days to February 16, 1998  
30 days to March 2, 1998

REASON FOR REQUEST:

CANCEL MY CERTIFICATE

John A. [Signature]

(Signature)

12-19-97

(Date)

PRESIDENT

(Title)

(941) 379-3344

(Telephone Number)

( ) NONE

(FAX Number)

NOTE TO UTILITY

- Your Regulatory Extension Fee Request Form must be filed and received by the Florida Public Service Commission at the address referenced below at least two weeks before the payment due date of January 30, 1999. Once your request is received, you will be notified by phone and a letter will be mailed or faxed indicating that your request was approved or denied. THIS IS NOT AN AUTOMATIC EXTENSION, THEREFORE YOU MUST RECEIVE APPROVAL FROM THE COMMISSION IN ORDER TO RECEIVE AN EXTENSION REQUEST.
- If an extension of 15 days or less is approved, 5.75% of the fee is to be included when making payment.
- If an extension of 16 to 30 days is approved, 1.6% of the fee is to be included when making payment.

RECEIVED

DEC 19 1997

PSC/ADM 124 (Rev. 10/96)(P1)

IF YOU HAVE QUESTIONS, PLEASE CALL MICHAEL LANE AT (850) 413-0271, FAX (850) 413-0272, OR WRITE TO: DIVISION OF ADMINISTRATION, 2540 BIRWOOD OAK BOULEVARD, TALLAHASSEE, FLORIDA 32399-0350.

# Pay Telephone Service Provider Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return  
 Estimated Return

TG060	P173 997 475
Horizon Payphones Inc.	
657 Albritton Avenue	
Sarasota, FL 34232-6716	
DEPOSIT	DATE
D 676	DEC 16 1997

FOR PSC USE ONLY	
Check#	1111
\$	50.00
\$	
\$	
Postmark Date	12/16/97
Initials of Preparer	JP

PERIOD COVERED:  
06/11/1997 TO 12/31/1997

MAIL ROOM  
DEC 18 10 18 AM '97  
FLORIDA PUBLIC SERVICE COMMISSION

Please Complete Below If Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ 150 <sup>00</sup>
2.	Gross Intrastate Revenue	150 <sup>00</sup>
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	( 230 <sup>00</sup> )
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ -80 <sup>00</sup>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment	_____
7.	Interest for Late Payment	_____
8.	TOTAL AMOUNT DUE	\$ 50 <sup>00</sup>

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      
 Brenda Hawkins

\*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.

John A. Roberts III  
 (Signature of Company Official)  
 JOHN A. ROBERTS III  
 (Please Print Name)

PRESIDENT  
 (Title)  
12-19-97  
 (Date)  
 Telephone Number (941) 379-3344  
 F.E.I. No. 65-0741644