

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 12/23/97

Docket No. 971455-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 4275 by T.J. Cooper

(TF476)

5. Suggested Docket Mailing 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)

T.J. Cooper

2. Interested Persons and their representatives (if any)

6. Check one:

Documentation is attached.

Documentation will be provided with the recommendation.

DATE: ~~12 16 97~~
12 16 - 97

RECEIVED

DEC 22 1997

Ms. BRENDA H. HAWKINS
FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMMUNICATIONS, ROOM 280-D
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

CMU

DEAR Ms. HAWKINS:

I WISH TO CANCEL MY PAY TELEPHONE CERTIFICATE. I AM NOT PROVIDING PAY TELEPHONE SERVICE AND I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF REGULATORY ASSESSMENT FEES UNTIL THE DATE THE CERTIFICATE IS CANCELLED BY THE FLORIDA PUBLIC SERVICE COMMISSION.

NAME OF COMPANY: T.J. COOPER

PRINT NAME: T J COOPER

SIGNATURE: T.J. Cooper

COMPANY CODE: IF476

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

____ Actual Return
 ____ Estimated Return

TF476	P173 998 050
T.J. Cooper	
419 Eric Avenue	
Jacksonville, FL 32218	DEPOSIT
	DATE
D 6 7 6	DEC 22 1997

FOR PSC USE ONLY	
Check#	5532
\$	50.00
	0603002
	003001
\$	P
	0603002
	004011
\$	I
Postmark Date	12/21/97
Initials of Preparer	TC

PERIOD COVERED:
 01/01/1997 TO 12/31/1997

Please Complete Below if Address Has Changed

T J COOPER (Name of Company) 419 ERIC AVE (Address) JACKSONVILLE FL 32218 (City/State) (Zip)

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

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 revenues 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 337.06, 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.

T.J. Cooper
 Signature of Company Official
T.J. COOPER
 (Please Print Name)

Owner (Title) 12-16-97 (Date)
 Telephone Number (904) 751-4174
 F.E.I. No. _____