

010000 - 74

2001 Raf pymt

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

P. Isler
ROR

TOM CUMMINS
537 DOUGLAS AVE STE 100M 8:28
DUNEDIN, FL 34698

CK 1417
\$50.00-R
3/13/01
mc

Blanca Bayo
Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399

DEPOSIT DATE
D O 4 0 L MAR 1 6 2001

Dear Ms Bayo:

This letter is to request cancellation effective immediately of my certificate. I have sold my pay phones and am no longer in the business.

My T # is TF401, F.E.I. # is 530-565-4519 and my certificate # is 4191..

I have included my Pay Telephone Service Provider Regulatory Assessment Fee Return for further identification.

In addition, I am enclosing my 2001 assessment fee of \$50.

Should you have any further questions, I can be reached at 727-733-8700 ext 216.

Sincerely,

Tom Cummins

3-12-01

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC
- SER
- OTH _____

OPERATORS SERVICES
DL C552-800-57-174-0
800 WEATHERSFIELD DR. 727-738-9615
DUNEDIN, FL 34698

1417
63-27/631 FL
1162

Date 3-12-01

Pay to the Order of Fl. Public Service Commission \$ 50.00

fifty dollars and no/100

Bank of Ame

ACH R/T 100277

For 2001

119.07(1)(z), Florida Statutes: Bank account numbers or debit, charge, or credit card numbers given to an agency for the purpose of payment of any fee or debt owing are confidential and exempt from subsection (1) and s.24(a), Art. 1 of the State Constitution . . .

Security features are included. Details on back.

DOCUMENT NUMBER-DATE
03401 MAR 19 2001
FPSC-RECORDS/REPORTING

P. Isler
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DUNEDIN, FL 34698

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MAR 15 11 08 28 AM

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D O L MAR 16 2001

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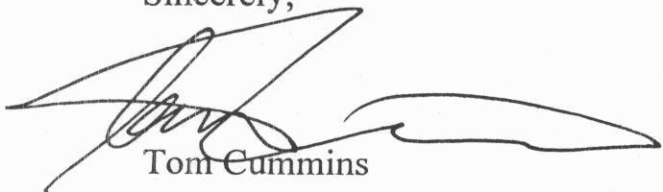
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Tom Cummins

3-12-01

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

TF401 01 MAR 15 AM 8:29K 1414
 Tom Cummins
 537 Douglas Avenue, #1 MAIL ROOM A 53
 Dunedin, FL 34698-7606
 03-5-01

FOR PSC USE ONLY
 Check# _____
 \$ _____ 0603002
 _____ 003001
 \$ _____ P
 _____ 0603002
 _____ 004011
 Postmark Date _____
 Initials of Preparer _____

PERIOD COVERED: OK
 01/01/2000 TO 12/31/2000

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)	estimate \$ 13,550
2.	Gross Intrastate Revenue	32 ⁵⁰ X 14 X 12mths 3070 phones
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(6898 ⁷⁰)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 1828 ²⁰
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	2 ⁵⁰
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	53 ⁰⁰
8.	TOTAL AMOUNT DUE	\$ 53 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 14

* 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.

[Signature]
 (Signature of Company Official)
Tom Cummins
 (Preparer of Form - Please Print Name)

Leo Canner 3-2-01
 (Title) (Date)
 Telephone Number 727-738-9615 Fax Number 727-733-6618
 F.E.I. No. 530-56-4519