

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:
 Actual Return
 Estimated Return
 Amended Return

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

TG302
 Arrow Communications, Inc.
 P. O. Box 1727
 Indiantown, FL 34956-1727
 DEPOSIT DATE 010523-TC
 01 MAY -7 AM 9:07
 D066 MAY 09 2001

FOR PSC USE ONLY
 Check# 003482
 \$ 50.00 0603002
 \$ 7.50 003001
 \$ 1.50 0603002
 Postmark Date 5/2/01
 Initials of Preparer MC

PERIOD COVERED:
 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)	\$ NIL
2.	Gross Intrastate Revenue	NIL
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(NIL)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ NIL
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	50.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	7.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	1.50
	TOTAL AMOUNT DUE	\$ 59.00

APP
 CAF
 CMP
 COM
 CTR
 ECK
 LEG
 CEG
 FAI
 HGG
 SER
 OTH

PLEASE NOTE WE DO NOT OPERATE ANY PAY TELEPHONE SERVICE.

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

Number of pay telephones in operation at close of period covered
 by this Return
 Hong

* 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)

COMPTROLLER
 (Title)

MARCH 2/01
 (Date)

J-W DOWN
 (Preparer of Form - Please Print Name)

Telephone Number (561) 597-6065
 Fax Number (561) 597-7002

DOCUMENT NUMBER DATE
 05815 MAY-8

112590704

P. Isler
RJR

2001 Pymt.

CK003441
\$50.00-R
5/2/01
MC

DEBIT
D036 *

DATE
MAY 09 2001

T6302

Arrow Communications, Inc.

Doc No	Invoice No	Invoice Date	Orig Inv Amt	Transaction Amt	Unit Price	Total Amount
004407	010523TC	4/27/01	50.00	50.00	0.00	50.00

Description:



www.ArrowCom.com

April 24, 2001

Mr. Walter D'Haeseleer, Director
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

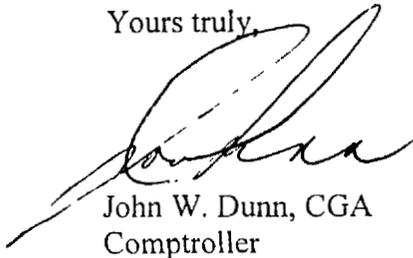
Dear Mr. D'Haeseleer:

Arrow Communications Inc. wishes to voluntarily cancel its certificate to provide pay telephone service in the State of Florida. The company has determined that it does not wish to provide pay telephone service. Since being granted the certificate the company has not provided any pay telephone service in the state nor does it wish to do so in the foreseeable future.

Enclosed is payment in full for the Regulatory Assessment Fees due to date.

Should you have any questions I may be contacted at 561-597-6065.

Yours truly,

A handwritten signature in black ink, appearing to read "John W. Dunn".

John W. Dunn, CGA
Comptroller

MAIL ROOM

01 MAY -7 AM 9 07

COMMUNICATIONS
ARROW