

Pay Telephone Service Provider Regulatory Assessment Fee Return

010511-TC

ORIGINAL

~~1998, 1999, 2000~~

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

STATUS: P. J. S. R. R.

FOR PSC USE ONLY	
Check#	7368
\$	0603002
\$ 17.50	003001
\$ 3.50	0603002
	004011
Postmark Date	5/15/01
Initials of Preparer	MC

TG170
 Nancy Lynn Perry
 1964 Florida Georgia Highway
 Havana, FL 32308
 DEPOSIT
 DATE
 01 MAY 16 AM 9:09
 MAIL ROOM
 D070
 MAY 17 2001

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

The phones have lost money all year they were out of order for 2 months

Sept 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

* 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.

Nancy Lynn Perry
(Signature of Company Official)

(Title) (Date)
Telephone Number () Fax Number ()

(Preparer of Form - Please Print Name)

F.E.I. No. DOCUMENT NUMBER-DATE

06170 MAY 17 01

F.P.S.C.-REGULATORY REPORTING