

110640-TC

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001

Pay Telephone Service Provider Regulatory Assessment Fee Return

01 JUN -6 AM 8:14

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
ROR

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

PERIOD COVERED:
06/16/2000 TO 12/31/2000

TG715	DATE
Dave's Towing & Recovery, Inc.	
1516 S.W. 12th Street	
Ocala, FL 34761-1118	
DEPOSIT	
D077	JUN 07 2001

FOR PSC USE ONLY	
Check# <u>3481</u>	
\$ <u>50.00</u>	0603002
\$ <u>12.50</u>	003001
	P
\$ <u>2.50</u>	0603002
	004011
	I
Postmark Date <u>6/5/01</u>	
Initials of Preparer <u>MC</u>	

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>0</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due -- (Multiply Line 4 by 0.0015)	<u>50.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>2.50</u>
8.	TOTAL AMOUNT DUE	\$ <u>65.00</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

* 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) Pres. (Title) 531-01 (Date)

Telephone Number 352 867 5810 Fax Number 352 867 5745

F.B.I. No. 59-3289852

DOCUMENT NUMBER-DATE
07100 JUN-6

PSC/CMU-26 (Rev. 11/99)

APP
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TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2002

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2001 TO 12/31/2001

01 JUN - 5 AM P 11
Florida Public Service Commission
(See Filing Instructions on Back of Form)

TG715	DATE
Dave's Towing & Recovery, Inc.	JUN 07 2001
1516 S.W. 12th Street	
Ocala, FL DEPOSIT	
D0778	

FOR PSC USE ONLY	
Check# 3481	
\$ 50.00	0603002
	003001
\$	P
	0603002
	004011
	I
Postmark Date 6/5/01	
Initials of Preparer MC	

Please Complete Below if Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
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.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
8.	TOTAL AMOUNT DUE	\$ 50.00

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 0

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[Signature]
(Signature of Company Official)

Pres. (Title) 5-31-01 (Date)

(Preparer of Form - Please Print Name)

Telephone Number 352-867-5810 Fax Number 352-867-5745

F.E.I. No. 59 3289852

Dave's Towing & Recovery, Inc.

Company Code: TG715

Certificate No(s): 7464

Physical Location: 1516 S.W. 12th Street Ocala, FL 34474-3158	ENTER CORRECTIONS BELOW: _____ _____ _____
Mailing Address: 1516 S.W. 12th Street Ocala, FL 34474-3158	
Liaison Officer(s): 1. William D. Burttram, Sr., President, (352) 867-5810 2. Name, Title, Phone number	_____ _____ _____
Fax No(s): (352) 867-5745, Fax 2 E-mail address: Web address: Federal Employee ID No.: 59-3289852	_____ _____ _____ _____ _____

* Please see note below. Thank you.

IMPORTANT NOTE:

The following section is applicable ONLY to companies with d/b/a as part of their official company name.

All official correspondence is addressed to the "Mailing Name" of regulated companies. The "Mailing Name" is the last d/b/a of the company's official name. Our records reflect the mailing name shown below for your company. If you prefer to receive official correspondence in another mailing name, please make the change in the space provided. The name can be no longer than 58 characters (including spaces) and **MUST** be part of the official company name.

MAILING NAME:

Dave's Towing & Recovery, Inc.

COMPLETED BY: W. Burttram DATE: 3/12/01

* The above information is correct however we do no longer providing pay phone services. Please cancel certificates.