

STATE OF FLORIDA

Commissioners:
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DIVISION OF COMPETITIVE SERVICES
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

June 13, 2001

Mr. Geraint J. Nicholas, Owner
J.N. Communication Services
440 Second Street
Chipley, FL 32428-1000

Re: Docket No. 010660-TC

Dear Mr. Nicholas:

This is a follow up to our May 23 telephone call. During our conversation, you stated that you were no longer in business and that you had left messages for someone at the Commission to return your calls, but that no one ever called you back. In addition, you stated that you mailed in the Regulatory Assessment Fee (RAF) form with a note requesting cancellation of your certificate.

I checked with the Commission's Division of Administration and was provided a copy of your 2000 RAF return form, which was originally received by the Commission on January 29, 2001. Unfortunately, the form did not have a note written on the form (or attached to it) requesting cancellation of your certificate.

Since you are requesting cancellation of your certificate, Rule 25-24.514, Florida Administrative Code, provides that you must write the Commission a letter requesting cancellation and pay the past due amount (a breakdown is attached). In addition, the rule provides that a company requesting voluntary cancellation must either pay the 2001 RAF or provide a date certain it will be paid, such as 30 days after the issuance of the Order granting the cancellation.

If the Commission cancels your certificate on its own motion, your certificate will be cancelled and any unpaid balance will be forwarded to the Comptroller's Office for further collection efforts.

Please respond in writing by June 28, 2001, and let me know how you wish to proceed. In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, by internet e-mail at pisler@psc.state.fl.us, or at the address below.

DOCUMENT NUMBER - DATE

07391 JUN 13 01

FPSC-RECORDS/REPORTING

Mr. Geraint J. Nicholas, Owner
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June 13, 2001

Sincerely,

A handwritten signature in black ink that reads "Paula J. Isler". The signature is written in a cursive style with a large, stylized initial "P".

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

cc: Docket No. 010660-TC
Division of Legal Services (K. Peña)

Geraint J Nicholas d/b/a J.N. Communication Services (TG758)
 Certificate No. 7648, Effective 12/08/00

Year	Fee	Penalty	Interest	Notes
2000	\$50.00	\$12.50	\$2.50	Payment was due 01/30/01, and remains unpaid as of 06/12/01. The amount shown to the left is the amount due IF payment is postmarked by 06/29/01. If payment is postmarked between 06/30/01 and 07/29/01, the interest increases to \$3.00, for a 2000 total of \$65.50.
2001	\$50.00	n/a	n/a	Payment is due 01/30/02. Company must either pay the 2001 fee or provide a date certain it will be paid.
Total	\$100.00	\$12.50	\$2.50	Total if payment is postmarked by 06/29/01: \$115.00. Total if payment is postmarked between 06/30/01 and 07/29/01: \$115.50.

010660

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

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return

Estimated Return

Amended Return

PERIOD COVERED:

12/08/2000 TO 12/31/2000

TG758 01 JAN 29 PM 12:45
 J.N. Communication Services
 440 Second Street MAIL ROOM
 Chipley, FL 32428-1000

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

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)	\$ <u>170.00</u>
2.	Gross Intrastate Revenue	<u>30.27</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(3,300.00)</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>0</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
8.	TOTAL AMOUNT DUE	\$ <u>0</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.

Geraint J. Nicholas (Signature of Company Official) OWNER (Title) 1-26-2001 (Date)

GERRAINT J. NICHOLAS (Preparer of Form - Please Print Name) Telephone Number (850) 632-8060 Fax Number ()

F.E.I. No. _____

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- _____ Actual Return
- _____ Estimated Return
- _____ Amended Return

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

TG758
 J.N. Communication Services
 440 Second Street
 Chipley, FL 32428-1000

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
 _____ 003001

\$ _____ P
 _____ 0603002
 _____ 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

 (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	\$ _____

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 _____

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 (Signature of Company Official) (Title) (Date)

 (Preparer of Form - Please Print Name) Telephone Number () Fax Number ()

F.E.I. No. _____