

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
JCEA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TD489-01-0-R
 Pro Telecom, Inc.
 P. O. Box 1440
 Panacea, FL 32346-1440
 cc: P. Isler

FOR PSC USE ONLY
 Check# 1236
 \$ 121.58 0603002
 \$ 24.32 003001
 \$ 4.88 0603002
 004011
 Postmark Date 5/31/02
 Initials of Preparer MC

PERIOD COVERED:

01/01/2001 TO 12/31/2001

DEPOSIT

DATE

Please Complete Below If Official Mailing Address Has Changed

D221

JUN 05 2002

(Name of Company) _____ (Address) _____ (City/State) _____ (Zip) _____

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>616,507</u>
2.	Gross Intrastate Revenue	<u>260,721</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>(179,671)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>81,050</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>121.58</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>24.32</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>4.88</u>
8.	TOTAL AMOUNT DUE	\$ <u>150.78</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 625

* 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)

PRESIDENT (Title) 5/30/02 (Date)

Telephone Number (850) 984-0050 Fax Number (850) 984-4767

GCL (Preparer of Form - Please Print Name)

F.E.I. No. 59-2391167

- OPC _____
- MMS _____
- SEC I
- OTH _____

DOCUMENT NUMBER-DATE

05877 JUN-5 02