

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
CCA

(020000)

TG450-01-0-R
 Texaco of Stuart
 3200 S.E. Federal Highway
 Stuart, FL 34997-4912

cc: P. Isler

FOR PSC USE ONLY

Check# 1786

\$ 50.00 0603002
003001

\$ _____ P 0603002
004011

\$ _____ I

Postmark Date 6/12/02

Initials of Preparer MC

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

DEPOSIT

DATE

Please Complete Below If Official Mailing Address Has Changed

D224 JUN 17 2002

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 824.50
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)	\$ 824.50
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	1.24
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

- CUB
- CAP
- CMP
- COM
- CTR
- EOP
- GCL
- GPC
- MMS
- SEC
- QTH

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

1

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.

Martin Knowles

(Signature of Company Official)

OWNER

(Title)

6-7-02

(Date)

(Preparer of Form - Please Print Name)

Telephone Number (772) 586-4971 Fax Number () SAME

F.E.I. No. 65-0857693

DOCUMENT NUMBER DATE

06241 JUN 17 02