

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

*P. Isler
JCEA*

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG813-01-0-R
 Hornblower Marine Service, Inc.
 4610 Ocean Street
 Mayport, FL 32233-2424

FOR PSC USE ONLY
 Check# 6119
 \$ 50.00 0603002
 \$ 12.50 P 003001
 \$.50 I 0603002
 004011
 Postmark Date 6/24/02
 Initials of Preparer MC

PERIOD COVERED:

07/11/2001 TO 12/31/2001

DEPOSIT

DATE cc: P. Isler

Please Complete Below If Official Mailing Address Has Changed

D227 JUN 28 2002

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>Ø</u>
2.	Gross Intrastate Revenue	\$ <u>Ø</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	\$ <u>Ø</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>Ø</u>
5.	Regulatory Assessment Fee Due— (Multiply Line 4 by 0.0015)	\$ <u>Ø</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <u>25.00</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <u>5.00</u>
	TOTAL AMOUNT DUE	\$ <u>103.00</u>

- BUS
- CAF
- AMP
- COM
- TR
- CR
- CL
- PC
- MS
- EC
- TH

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

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

* 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.

Frank Barber
 (Signature of Company Official)

GENERAL MANAGER 6/24/02
 (Title) (Date)

Jamie Wiltse
 (Preparer of Form - Please Print Name)

Telephone Number 904-241-9969 Fax Number 904-241-2075

05 JUN 28 2002 P.M. No. 11

DOCUMENT NUMBER-DATE

06696 JUN 28 02

FPS-COMMISSION CLERK

St. Johns River Ferry Service
4610 Ocean Street
Mayport, FL 32233-2424

Tel 904-241-9969
Fax 904-241-2075



June 24, 2002

Attn: Public Service Commission:

Hornblower Marine Services is requesting to cancel our certificate. We are sending the regulatory assessment fees with this notice to cancel. We are canceling because our pay phone has never been hooked or used. We have no need for the phone and our sending it back. A previous employee ordered the phone thinking it would be of some service. We will pay our fees for the year 2001 and 2002 but we wish to have this cancelled immediately.

Thank you,

A handwritten signature in black ink, appearing to read "Jamie Wiltse", written over a horizontal line.

Jamie Wiltse
Office Manager
Hornblower Marine Services
(904) 241-9969 ext. 13
Fax (904) 241-2075