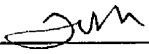


REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 10/10/02

Docket No. 021047-TC

1. Division Name/Staff Name Division of Competitive Markets and Enforcement/McCoy
2. OPR Toni McCoy/CMP 
3. OCR Legal
4. Suggested Docket Title Request for cancellation of Pay Telephone Services Certificate No. 7837 by Hornblower Marine Services, Inc., effective 6/28/02.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
- B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)
 1. Parties and their representatives (if any):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested persons and their representatives (if any):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:
- Documentation is attached.
- Documentation will be provided with recommendation.

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 cursive script, appearing to read "Jamie Wiltse".

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

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:
 Actual Return
 Estimated Return
 Amended Return

*P. Isler
CCA*

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

2002 JUN 28 AM 10:51
 DIVISION OF
 COMPETITIVE SERVICES

FOR PSC USE ONLY	
Check#	6119
\$	50.00
\$	12.50
\$	50
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)	\$ <i>0</i>
2.	Gross Intrastate Revenue	\$ <i>0</i>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	\$ <i>0</i>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <i>0</i>
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	\$ <i>0</i>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <i>25.00</i>
	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	\$ <i>5.00</i>
8.	TOTAL AMOUNT DUE	\$ <i>63.00</i>

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.

Frank V. Bailey
 (Signature of Company Official)

GENERAL MANAGER
 (Title)

6/24/02
 (Date)

Jamie Wiltse
 (Preparer of Form - Please Print Name)

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

05 JUN 28 2002 PEX. No. 11

COMPANY IDENTIFICATION

Printed on 10/10/2002 at 12:41:01 by TJM

Complete Name: Hornblower Marine Services, Inc.

Mailing Name: Hornblower Marine Service, Inc.

Company Code: TG813 FEID Number: 94-3014623

COMPANY INFORMATION

Address Line 1: 4610 Ocean Street

Address Line 2:

City: Mayport State: FL Zip Code: 32233-2424

Reg. Date: 07/11/2001 Inactive Date:

Transferred To:

Trans. From:

Certificate 1: 7837 Certificate 2:

Corporate Type:

Service 1: PAT - Pay Telephone

Service 2:

Service 3:

Service 4:

Class (WAW):

Phone Count:

County 1: County 2:

County 3: County 4:

Bankruptcy: No

COMPANY IDENTIFICATION

Printed on 10/10/2002 at 12:28:14 by TJM

Complete Name: Hornblower Marine Services, Inc.

Mailing Name: Hornblower Marine Service, Inc.

Company Code: TG813 FEID Number: 94-3014623

RAF ACCOUNT FOR THE PERIOD 01/01/2001 THROUGH 12/31/2001

Reg. Date:	07/11/2001	Inactive Date:	
Service:	PAT - Pay Telephone		
Received:	Actual RAF Form		
Status:	Pending		
Amended:	No	Extension:	No
Frozen:	No	Comments:	No
Payment Count:	1 Payment Made to Date		
Operating Rev:	\$0.00	Interstate Rev:	\$0.00
RAF Rate:	0.0015	Net RAF Due:	\$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$12.50	\$12.50	\$0.00
Interest	\$2.50	\$0.50	\$2.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$65.00	\$63.00	\$2.00

Last modification was made on Tuesday, July 2, 2002 at 10:48 AM by Jackie Knight

RAFs

JJM
7/2/02

COMPANY NAME: Hornblower Marine Services, Inc. CO. CODE: TG813

COMPANY LIAISON: Stephen A. Mort, General Manager

DOCKET NO.: _____ CERTIFICATE NO.: 7837 EFFECTIVE: 07/11/01

RAF RETURN NOTICE: _____

2001
DELINQUENT NOTICE: Delivered: 02/25/02 Signed for by: Name illegible

OTHER RETURNED MAIL: _____

CCA'S RETURNED MAIL: _____

YEAR(s) RAFs NOT PAID: 2001

YEAR(s) PENALTIES & INTEREST NOT PAID: 2001

REVENUES/YEAR: No Previous Return Filed

DATE LOTUS CHECKED FOR PAYMENT: _____

OTHER INFORMATION

06/13/02 - Wrote company (mailed) - Response due 07/05/02.

6/24/02 - v/m msg. @ 1:25 pm from Jaime. Adv.
Co. got cert. but never hooked up phone.
Asked if Co. still had to pay RAFs.
904-241-9969 X13

6/24/02 - Called Jaime @ 2:08 pm. Adv. yes - Co.
needed to pay 2001 & 2002 RAFs, since
Co. wants cert. cancelled.

6/28/02 - From Co. - Adv. of 2001 RAF, P & I.

7/1/02 - Forwarded file to Jackie Gilchrist.
Voluntary cancellation, Eff. 6/28/02.

STATE OF FLORIDA

COMMISSIONERS:
LILA A. JABER, CHAIRMAN
J. TERRY DEASON
BRAULIO L. BAEZ
MICHAEL A. PALECKI
RUDOLPH "RUDY" BRADLEY



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

June 13, 2002

Mr. Stephen A. Mort, General Manager
Hornblower Marine Services, Inc. (TG813)
4610 Ocean Street
Mayport, FL 32233-2424

Dear Mr. Mort:

The Regulatory Assessment Fee (RAF) is due by January 30th of each year for the preceding calendar year. For certificate holders, the RAF is owed even if a telecommunications company may not have started operations or had any revenues. If payment is made after the due date, then statutory penalty and interest charges are applicable.

Our records show the 2001 RAF return notice was mailed December 12, 2001, and a delinquent notice was mailed February 20, 2002. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2001 RAF return form is enclosed.

If full payment, including penalty and interest charges, along with the RAF return form, are not received by July 5, 2002, it is my intention to establish a docket and recommend that the Commission fine your company \$500 or cancel your certificate. Please note that once a docket has been established, **just paying the delinquent RAF amount will not prevent your certificate from being cancelled.**

If you wish to cancel your certificate voluntarily and leave in good standing with the Commission, your company should pay the past due amount in full, complete the 2001 RAF return form, either pay the 2002 RAF or provide a date certain it will be paid, and comply with the requirements of Rule 25-24.514, Florida Administrative Code, copy enclosed. Any unpaid RAFs, including penalty and interest charges, are turned over to the Comptroller's Office for collection if the Commission cancels a company's certificate on its own motion (involuntary cancellations).

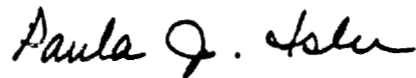
Mr. Stephen A. Mort, General Manager

Page 2

June 13, 2002

If you have any questions, please contact me at (850) 413-6502-voice, (850) 413-6503-fax, at the address below, or via internet e-mail at pisler@psc.state.fl.us.

Sincerely,

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

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- 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
 cc: P. Isler

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
 _____ 003001

\$ _____ P
 _____ 0603002
 _____ 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

PERIOD COVERED:
 07/11/2001 TO 12/31/2001

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)	\$ _____
2.	Gross Intrastate Revenue	_____
	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 _____

* 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 of Company Official)

 (Title)

 (Date)

 (Preparer of Form - Please Print Name)

Telephone Number () _____

Fax Number () _____

F.E.I. No. _____

25-24.514 Cancellation of a Certificate.

- (1) The Commission may cancel a company's certificate for any of the following reasons:
- (a) Violation of the terms and conditions under which the authority was originally granted;
 - (b) Violation of Commission rules or orders;
 - (c) Violation of Florida Statutes; or,
 - (d) Failure to provide service for a period of six (6) months.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.

- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.

(3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.03, 364.285, 364.337, 364.345 FS.

History--New 1-5-87.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

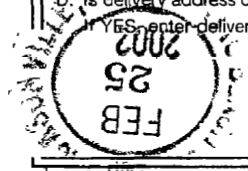
TG813 Hornblower Marine Service, Inc.
4610 Ocean Street
Mayport, Florida 32233-2424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B Date of Delivery

C. Signature
X *James W. [Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes
Yes, enter delivery address below No



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt For Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label) 7001-2510 0007 6218 3601

FSS

COMPANY IDENTIFICATION

Printed on 06/13/2002 at 09:07:48 by PJI

Complete Name: Hornblower Marine Services, Inc.

Mailing Name: Hornblower Marine Service, Inc.

Company Code: TG813 FEID Number: 94-3014623

RAF ACCOUNT FOR THE PERIOD 01/01/2001 THROUGH 12/31/2001

Reg. Date: 07/11/2001 Inactive Date:
 Service: PAT - Pay Telephone
 Received: No RAF Form
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: No
 Payment Count: 0 Payments Made to Date
 Operating Rev: \$0.00 Interstate Rev: \$0.00
 RAF Rate: Net RAF Due: \$0.00

Assessment	Due	Paid	Owe
AF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Thursday, December 6, 2001 at 3:17 PM by Jackie Knight

Period covered: 01/01/2001 through 12/31/2001 RAF rate:
 Operating rev: \$0.00 Gross intrastate rev: \$0.00
 Documents: Delinquent letter mailed on 02/20/2002
 RAF form mailed on 12/06/2001