

# Pay Telephone Service Provider Regulatory Assessment Fee Return

# ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler  
CCA*

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG857-01-0-R  
 Protocall Communications, Inc.  
 P. O. Box 1440  
 Panacea, FL 32346-1440

*cc: P. Isler*

FOR PSC USE ONLY	
Check#	<u>1859</u>
\$	<u>50.00</u> 0603002
\$	<u>12.50</u> 003001
\$	<u>4.50</u> P 0603002
	004011
Postmark Date	<u>10/22/02</u>
Initials of Preparer	<u>mc</u>

PERIOD COVERED:  
12/28/2001 TO 12/31/2001

DEPOSIT

LATE

Please Complete Below If Official Mailing Address Has Changed

D266

OCT 28 2002

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>3,265</u>
2.	Gross Intrastate Revenue	<u>2,435</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>( 4,320 )</u>
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>( 1,885 )</u>
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	<u>50.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>12.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>4.50</u>
8.	<b>TOTAL AMOUNT DUE</b>	\$ <u>67.00</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

- US \_\_\_\_\_
- AF \_\_\_\_\_
- MP \_\_\_\_\_
- COM \_\_\_\_\_
- STR \_\_\_\_\_
- ECR \_\_\_\_\_
- BCL \_\_\_\_\_
- OPC9 \_\_\_\_\_
- MMS \_\_\_\_\_
- SEC \_\_\_\_\_
- OTH \_\_\_\_\_

Number of pay telephones in operation at close of period covered 700  
 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]*  
 (Signature of Company Official)

President  
(Title)

10/22/02  
(Date)

Telephone Number 850, 984-0050 Fax Number 850, 984-4767

F.E.I. No. 65-1149164

(Preparer of Form - Please Print Name)

DOCUMENT NUMBER-DATE

11746 OCT 25 8