

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

PERIOD COVERED:
01/01/2002 TO 12/31/2002

TG782-02-0-R
 Lake Bonnet Village Cooperative, Inc.
 2900 East Lake Bonnet Road
 Avon Park, FL 33825-7741
 DEPOSIT DATE
 JUN 04 2003
 CC: P. Isler

FOR PSC USE ONLY

Check# 1453

\$ 50.00

0603002
003001

0603002
004011

Postmark Date: 5/29/03

Initials of Preparer: ME

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)	\$ 38.40
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)	\$ 38.40
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	\$ —

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC I _____
 OTH _____

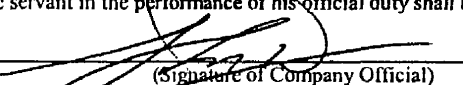
AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

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 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.


 (Signature of Company Official)
 John L Crombie
 (Preparer of Form - Please Print Name)

SECRETARY
 (Title) 5-27-03
 (Date)
 Telephone Number 863 385 7010 Fax Number 863 402 0430
 F.E.I. No. 59 3125807

DOCUMENT NUMBER DATE

04945 JUN-4 8

FPSC-COMMUNICATION CLERK