

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

**ORIGINAL**

Florida Public Service Commission

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**  
01/01/2006 TO 12/31/2006

*Records  
Paula*

(See Filing Instructions on Back of Form)

TD618-06-0-R  
Protel, Inc.  
4150 Kidron Road  
Lakeland, FL 33811-1282

DEPOSIT DATE  
700 JAN 03 2007

DEPOSIT  
~~670 JAN 03 2007~~

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check # 0036096302  
\$ 50.00 06-03-001  
003001

\$ \_\_\_\_\_ E  
\$ \_\_\_\_\_ P 06-03-001  
004011  
\$ \_\_\_\_\_ I

Postmark Date 1-3-07  
Initials of Preparer RTV

*070034-TC*

\_\_\_\_\_  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0.00</u>
2.	Gross Intrastate Revenue	<u>0.00</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( <u>0.00</u> )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>0.00</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	<u>0.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>—</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>—</u>
8.	Extension Payment Fee (see "4. Extension" on back)	<u>—</u>
9.	<b>TOTAL AMOUNT DUE (MINIMUM \$50.00)</b>	\$ <u>50.00</u> <sup>(2)</sup>
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

*Regis B. Mellon* (Signature of Company Official)      *President* (Title)      *12-20-2006* (Date)

*Gerald Rodley* (Preparer of Form - Please Print Name)      Telephone Number *863-644-5558* Fax Number *863-644-5855*  
F.E.I. No. *59-227199100177 JAN-85*



Innovation is our business

December 20, 2006

Fiscal Services  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0876

**Re: Pay Telephone Service Provider Assessment Fee Return**

Dear Sir/Madam:

Enclosed is our return for the period January 1, 2006 through December 31, 2006. Please note that we are paying the minimum amount due as we have no revenues to report.

In addition, please **remove** us from your data base for companies required to file this return. Protel does not own or operate any pay telephones anywhere in the United States.

Should you require any further information in this matter, please contact me at 863-644-5558, extension 3312 or E-mail me at [gerry.rockey@protelinc.com](mailto:gerry.rockey@protelinc.com).

Sincerely:

Gerald P. Rockey  
Director of Finance

ALLEN FISCAL  
FLORIDA PUBLIC SERVICE COMMISSION  
2540 SHOVARD OAKS BOULEVARD  
TALLAHASSEE, FL 32399-0876

